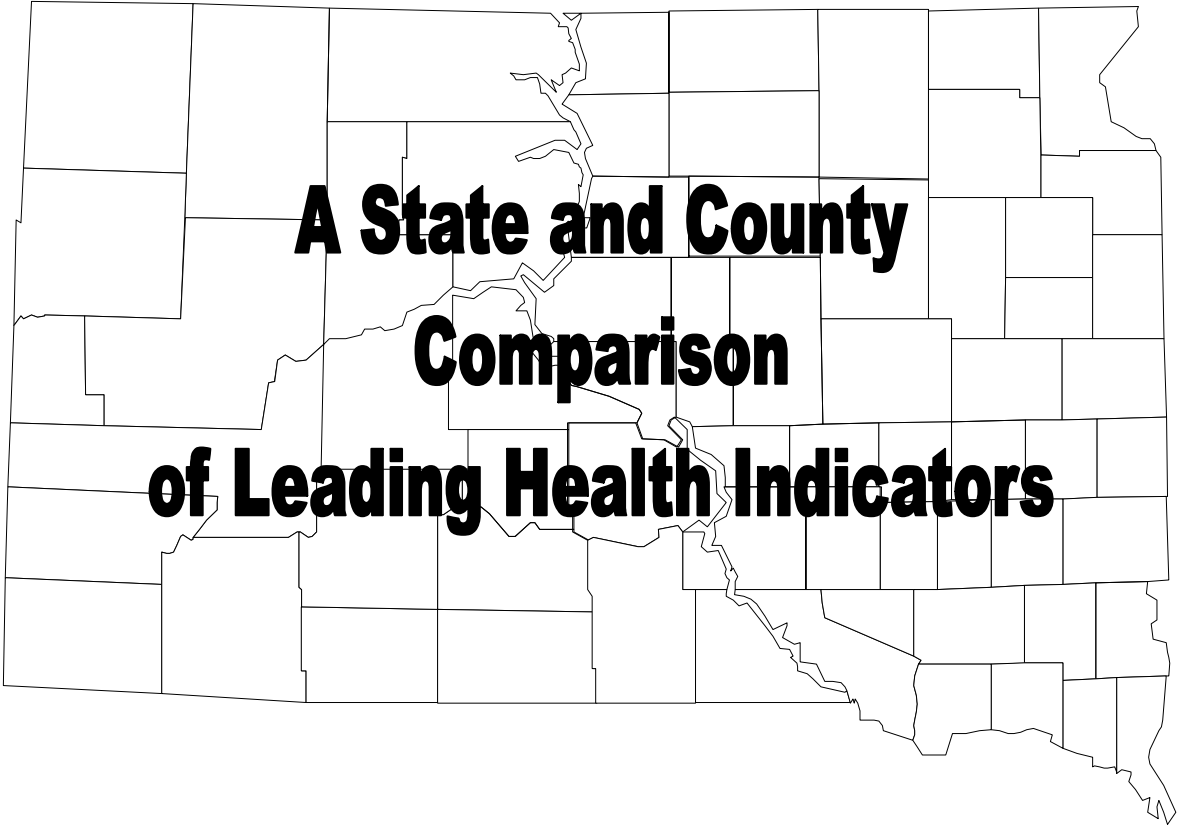




2003 South Dakota Vital Statistics Report:



A State and County Comparison of Leading Health Indicators



South Dakota Department of Health

2003 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators

**Doneen Hollingsworth, Secretary
Department of Health**

**Data, Statistics and Vital Records
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota**

Telephone: (605)773-3361

November 2004

Preface

2003 South Dakota Vital Statistics Report: A State and County Comparison of Leading Health Indicators was prepared by the South Dakota Department of Health.

This report contains state and county leading health indicators for vital statistics. Additionally, health care and resource information is provided at the county and state level.

The report is divided into nine main sections: Overview, Natality, Infant Mortality, Mortality, Induced Abortion, Marriage and Divorce, Communicable Disease, Health Status Profiles, and Health Status Maps. Each section contains written analysis plus tables and figures. There is also a technical notes section which provides additional information regarding the sources of data, data limitations, geographic allocation, populations, rates, and definitions. Reading this section before reading the county profiles may provide the answers to questions in advance.

Age Adjusting to the 2000 U.S. Standard

Age standardization is a practice of adjusting for populations with different age compositions. It is useful when comparing disease outcomes across time, place or population. Prior to 1999, the conventional standard population used for adjustment was the U.S. 1940 standard. Since 1999, the National Center for Health Statistics (NCHS) has used and recommended that others use the 2000 U.S. standard.

This switch to the 2000 U.S. standard will prevent the Department of Health and data users from comparing the 2003 data to previous data before 1999 without standardizing it to the 2000 U.S. Standard. However, because the nation as a whole has switched to the 2000 U.S. standard, South Dakota is able to benchmark its data against other states and the nation.

Disease Classification

Since the inception of the Vital Records System in 1905, the Department of Health has used the International Classification of Disease (ICD) to classify underlying causes of death for the state. Continuing advances in disease diagnosis require periodic updates of the ICD. The World Health Organization (WHO) released the update, ICD-10, in 1999. The Department of Health also started using the ICD-10 in 1999. WHO released the previous version, ICD-9, in 1977 and South Dakota began using ICD-9 in 1979.

Caution

It is extremely important that users of mortality data do not use publications before 1999 issued by the Department of Health to conduct trend analysis.

Any questions concerning the data, or request for additional statistics, may be directed to the following agency within the South Dakota Department of Health.

Data, Statistics, and Vital Records
600 East Capitol
Pierre, SD 57501-2536
Phone: (605) 773-3361
Internet: <http://www.state.sd.us/doh/>

For specific information or questions on Communicable Disease contact:

Office of Disease Prevention
615 East Fourth Street
Pierre, SD 57501-1700
Phone: (605) 773-3737

The following Health Department personnel were the main contributors to the development of this report:

Barb Buhler	Public Information Officer
Mark Gildemaster	Management Analyst
Scott Gregg	Community Health Services Assistant Administrator
Nick Hill	Disease Surveillance Manager
Kim Knittel	Policy Analyst
Kathy Miller	Office Support Manager
Kathlene Mueller	Manager, Office of Data, Statistics, and Vital Records/ State Registrar
Mary Sarvis	Policy Analyst II

TABLE OF CONTENTS

TOPIC	PAGE
Preface	i
Table of Contents	iii
List of Tables	v
List of Figures	xi
Overview	3
Natality	11
Infant Mortality	29
Mortality	39
Induced Abortion	59
Marriage and Divorce	75
Communicable Disease	81
County Health Status Profiles	111
Health Status Maps	181
Technical Notes	213
A. Sources of Data	213
B. Data Limitations	214
C. Geographic Allocation	215
D. Definitions	216
E. Definitions of Medical Terms	219
Appendix A	225
Appendix B	229
References	233

LIST OF TABLES

Table		Page
	OVERVIEW	
1	Selected South Dakota Health Statistics, 2002-2003	4
2	South Dakota Vital Statistics by County, 2003	5-6
3	Selected Records in Vital Statistics South Dakota, 2003	7
	NATALITY	
4	Resident Live Births and Crude Birth Rates, South Dakota and United States, 1984-2003	11
5	South Dakota Resident Live Births by Mother's Race 1984 - 2003	12
6	South Dakota Resident Live Births by State in Which Birth Occurred and Mother's Race, 2003	13
7	Live Births Occurring in South Dakota by Mother's Resident State and Race, 2003	13
8	South Dakota Resident Live Births by Birth Weight and Mother's Race, 2003	14
9	South Dakota Resident Preterm and Full Term Births Less Than 2,500 Grams by Mother's Age, 2003	15
10	Selected Behaviors of the Mother by Infant's Birth Weight, 2003 and 1994-2003	16
11	South Dakota Resident Live Births by Mother's Age and Race, 2003	17
12	South Dakota Resident Single Live Births by Trimester Prenatal Care Began and Mother's Race, 2003	18
13	South Dakota Resident Single Live Births by Number of Prenatal Visits and Mother's Race for Low Birth Weight Babies, 2003	19
14	South Dakota Resident Births with Reported Congenital Anomalies, by Mother's Race and Baby's Gender, 1999-2003	20

LIST OF TABLES (Continued)

Table		Page
15	South Dakota Resident Births with Reported Congenital Anomalies, 1994-2003	21
16	South Dakota Resident Single Live Births by Mother's Medical History Factors for this Pregnancy, 1994-2003	22
17	South Dakota Births by Complications of Labor and/or Delivery, 1994-2003	23
18	South Dakota Resident Single Live Births by Obstetric Procedures, 1994-2003	24
19	South Dakota Resident Live Births by Abnormal Conditions of the Newborn, 1994-2003	25
20	South Dakota Resident Live Births by Method of Delivery, 1994-2003	26
 INFANT MORTALITY		
21	Resident Infant Deaths and Infant Mortality Rates, South Dakota and United States, 1984-2003	29
22	South Dakota Leading Causes of Infant Death 1999-2003 ...	30
23	South Dakota Resident Infant Deaths and Mortality Rates by Infant's Race, 1984-2003	31
24	South Dakota Resident Neonatal Deaths and Mortality Rates by Infant's Race, 1984-2003	32
25	South Dakota Resident Postneonatal Deaths and Mortality Rates by Infant's Race, 1984-2003	33
26	South Dakota Resident Infant Deaths by Cause of Death Race, 1999-2003	34
27	South Dakota Resident Neonatal and Postneonatal Infant Deaths by Race of Infant and Birth Weight, 1999-2003	35

LIST OF TABLES (Continued)

Table		Page
	MORTALITY	
28	Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates South Dakota and United States, 1984-2003 . . .	39
29	South Dakota Resident Leading Causes of Death by Race, 2003	41
30	South Dakota Resident Leading Causes of Death by Gender, 2003	42
31	South Dakota Resident Five Leading Causes of Death by Age Group, 2003	43
32	Median Age at Death for South Dakota Residents from the Leading Causes of Death by Race and Gender, 2003 . . .	44
33	South Dakota Resident Leading Causes of Death, 1999-2003	47
34	South Dakota Resident Deaths for 15 Leading Causes and Selected Components, 1999-2003	48-49
35	South Dakota Resident Crude Death Rates for 15 Leading Causes and Selected Components, 1999-2003	50-51
36	South Dakota Resident Age-Adjusted Death Rates for 15 Leading Causes and Selected Components, 2003	52-53
37	South Dakota Resident Leading Causes of Death Due to Accidents, 1999-2003	54
38	South Dakota Resident Deaths by Disposition, 1994-2003 . .	55
	INDUCED ABORTION	
39	Induced Abortions Occurring in South Dakota by Patient's State of Residence and Age, 2003	59
40	South Dakota Resident Induced Abortions Occurring in South Dakota by Patient's Resident County, 2003	60

LIST OF TABLES (Continued)

Table		Page
41	South Dakota Resident Induced Abortions Occurring in South Dakota by Patient's Resident City, 2003	60
42	Induced Abortions Occurring in South Dakota by Age and South Dakota Resident Induced Abortions by Age, 2003 ...	61
43	Induced Abortions Occurring in South Dakota by Patient's Age and Race, 2003	61
44	Induced Abortions Occurring in South Dakota by Patient's Education and Marital Status, 2003	62
45	Induced Abortions Occurring in South Dakota by Payment and Insurance Coverage Type, 2003	63
46	Induced Abortions Occurring in South Dakota by Fetal Abnormality, 2003	68
47	Induced Abortions Occurring in South Dakota by Method of Disposal, 1999-2003	68
48	Induced Abortions Occurring in South Dakota by Any Additional Procedures Used, 2003	69
49	Induced Abortions Occurring in South Dakota by Reason for Abortion, 1999-2003	70
50	Induced Abortions Occurring in South Dakota by Source of Resource Information, 2003	71
MARRIAGE AND DIVORCE		
51	Marriages and Marriage Rates by Occurrence, South Dakota and United States, 1968-2003	76
52	Number and Rate of Divorces and Annulments by Occurrence, South Dakota and United States, 1968-2003 ...	78
COMMUNICABLE DISEASE		
53	Reportable Diseases in South Dakota, 1993-2003	83

LIST OF TABLES (Continued)

Table		Page
54	South Dakota Selected Notifiable Diseases by County, 2003	84-85
55	South Dakota Notifiable Disease Summary by Gender, Race, and Age, 2003	86
56	Syphilis in South Dakota, 1991-2003	92
57	Most Common Salmonella Serotypes, South Dakota, 1993-2003	95
58	Most Common Shigella Serotypes, South Dakota, 1993-2003	96
59	Age Distribution of Sentinel Influenza Cases, South Dakota, 2003-2004 Season	100
60	Viral Respiratory Reports from the South Dakota Public Health Laboratory (SDPHL)** and the USD Clinical Virology Laboratory (USD-CLV)**, 1 Nov 2003-29 May 2004	100
61	Animals Tested and Confirmed Rabies Cases in South Dakota, 1990-2003	102
62	Cases of Animal Rabies, by County, South Dakota, 1990-2003	103
63	West Nile Human and Animal Reports, South Dakota, 2003	105
64	West Nile and SLE Clinical Syndromes by Gender, Race and Age, South Dakota 2003	107

x

LIST OF FIGURES		
Figure		Page
OVERVIEW		
1	Birth, Death, Marriage, and Divorce Rates for South Dakota, 1906-2003	8
NATALITY		
2	Resident Live Birth Rates, South Dakota and United States, 1984-2003	12
3	Single, Live, Low Weight Births to South Dakota Residents by Mother's Tobacco Use During Pregnancy, 1994-2003	14
4	South Dakota Resident Low Birth Weight Births by Race of Mother, 1994-2003	16
5	South Dakota Resident Single Live Teen Birth Rates, 1994-2003	18
6	South Dakota Resident Single Live Births by Trimester Prenatal Care Began, 1994-2003	19
INFANT MORTALITY		
7	Resident Infant Mortality Rates, South Dakota and United States, 1984-2003	30
MORTALITY		
8	Percent of South Dakota Resident Heart Disease Deaths by Gender, 1984-2003	40
9	Median Age at Death for the Ten Leading Causes of Death, South Dakota Residents, 2003	44
10	Years of Potential Life Lost (YPLL) Before Age 75 for the Ten Leading Causes of Death, South Dakota Residents, 2003	45
11	Age-Adjusted Years of Potential Life Lost (YPLL) Age 75 for the Ten Leading Causes of Death by Race, 2003	46

LIST OF FIGURES (Continued)

Figure		Page
	INDUCED ABORTION	
12	Induced Abortions Occurring in South Dakota by Ethnicity of Patient, 2003	62
13	Induced Abortions Occurring in South Dakota by Fee Collected for Abortion, 1999-2003	63
14	Induced Abortions Occurring in South Dakota by the Number of Patient's Children Who are Now Living, 1999-2003	64
15	Induced Abortions Occurring in South Dakota by Previous Spontaneous Terminations, 1999-2003	64
16	Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 1999-2003	65
17	Induced Abortions Occurring in South Dakota by Month of Abortion, 2003	66
18	Induced Abortions Occurring in South Dakota by Number of Weeks Since Last Normal Menses Began, 2003	66
19	Induced Abortions Occurring in South Dakota by Approximate Gestational Age, 1999-2003	67
20	Induced Abortions Occurring in South Dakota by Weight of Fetus, 2003	67
21	Induced Abortions Occurring in South Dakota by Procedure Used, 2003	68
22	Induced Abortions Occurring in South Dakota by Type of Anesthetic Used, 2003	69
23	Induced Abortions Occurring in South Dakota by Physician's Specialty, 2003	70

LIST OF FIGURES (Continued)		
Figure		Page
MARRIAGE AND DIVORCE		
24	Marriages Occurring in South Dakota and United States, 1968-2003	76
25	Brides and Grooms by Age Group for Marriages Occurring in South Dakota, 2003	77
26	Divorces Occurring in South Dakota and United States, 1968-2003	77
COMMUNICABLE DISEASE		
27	Vaccine-Preventable Diseases in South Dakota, 1999-2003	87
28	South Dakota Statewide 2-Year Old Immunization Rates, 1996-2003	88
29	Hepatitis B in South Dakota, 1999-2003	89
30	Hepatitis A in South Dakota, 1999-2003	89
31	Chlamydia in South Dakota, 1999-2003	90
32	Chlamydia Incidence Rates by County, South Dakota, 2003	90
33	Gonorrhea in South Dakota, 1999-2003	90
34	Gonorrhea Incidence Rates by County, South Dakota, 2003	91
35	Genital Herpes in South Dakota, 1999-2003	91
36	Genital Herpes Incidence Rates by County, South Dakota, 2003	91
37	HIV/AIDS in South Dakota, 1999-2003	92
38	HIV/AIDS by Race or Ethnic Group, South Dakota, 1985-2003	93

LIST OF FIGURES (Continued)		
Figure		Page
39	Tuberculosis in South Dakota, 1999-2003	93
40	Tuberculosis Infection (Positive Skin Tests) in South Dakota, 1999-2003	94
41	Campylobacteriosis Incidence Rates by County, South Dakota, 2003	94
42	Salmonellosis Incidence Rates by County, South Dakota, 2003	95
43	Shigellosis Incidence Rates by County, South Dakota, 2003	96
44	<i>E. coli</i> O157:H7 Incidence Rates by County, South Dakota, 2003	97
45	Giardiasis Incidence Rates by County, South Dakota, 2003	97
46	Cryptosporidiosis Incidence Rates by County, South Dakota, 2003	98
47	1999-2004 Influenza Seasons, South Dakota	99
48	2003-2004 Influenza Seasons, South Dakota	99
49	Animal Rabies in South Dakota, 2003	101
50	Rabid Animal Cases in South Dakota, 2003	101
51	Wild Animal Reservoirs of Rabies in the US	101
52	Confirmed Positive Cases of Animal Rabies in SD by Year, 1970-2003	102
53	West Nile Human Deaths/Cases, United States, 2003	104
54	Incidence of Human West Nile Disease (cases reported per 100,000 population), South Dakota, 2003	104

LIST OF FIGURES (Continued)		
Figure		Page
55	West Nile Neuroinvasive Disease Incidence and Death Rate by Age, South Dakota, 2003	106
56	Human WNV Cases by Week of Illness Onset, Eastern And Western* South Dakota, 2003	106

Overview



Overview

Total Resident Live Births	11,022
Rate per 1,000 population	14.6
Infant Deaths	73
Rate per 1,000 live births	6.6
South Dakota Resident Deaths	7,109
Rate per 100,000 population	941.8
Fetal Deaths	36
Rate per 1,000 live births + fetal deaths	3.3
Marriages	6,427
Rate per 1,000 population	8.5
Divorces	2,502
Rate per 1,000 population	3.3

This report contains selected health statistics that are widely used by the Department of Health, other government agencies and the public. This information has proven to be useful in

determining trends in health status, for planning health care services and for making decisions about public health programs. It also fulfills diverse requirements in the business community and academic research.

Vital statistics data are compiled and maintained under the direction of the Manager of the office of Data, Statistics and Vital Records / State Registrar. Health statistics staff analyze and present these data as applicable. Natality, Infant Mortality, Mortality, Induced Abortion and Marriage and Divorce, Health Status Profiles, and Health Status Maps are contained in respective sections of this report.

Communicable Disease data are collected, compiled and analyzed within the Office of Disease Prevention.

Quick References

Pages

• Table 2 – Number of Vital Events by County	5 – 6
• Figures 2, 7, 24 & 26 – Graphs Comparing State and National Rates	12, 30, 76, 77
• Tables 14 through 20 – Birth Statistics	20 - 26
• Tables 53 & 54 – Disease Data by Region and Characteristics	83 – 85
• Maps 1 through 29 – Health Status Maps by County	181 - 209

The contacts listed in the Preface welcome suggestions for additional changes that would make the next compilation even more useful to those involved in improving the health of South Dakotans.

Table 1
Selected South Dakota Health Statistics, 2002-2003

EVENT	2003	2002	Percent Change
BIRTHS: Number	11,022	10,698	3.0
Rate per 1,000 Population	14.6	14.2	2.8
Birth by Race			
Number of White Births	8,642	8,648	-0.1
White Birth Rate per 1,000	12.9	12.9	0.0
Number of American Indian Births	2,091	1,805	15.8
American Indian Birth Rate per 1,000	30.6	26.4	15.9
Births to Adolescents (12 through 19 years of age)			
Number	1,029	1,148	-10.4
Rate per 1,000 Adolescents	10.4	11.6	-10.3
Low Birth Weight Babies (Less than 2,500 grams)			
Number	734	768	-4.4
Rate per 1,000 Births	66.6	71.8	-7.2
DEATHS: Number	7,109	6,886	3.2
Rate per 100,000 Population	941.8	912.2	3.2
Deaths by Race			
Number of White Deaths	6,543	6,368	2.7
White Death Rate per 100,000	977.4	951.3	2.7
Number of American Indian Deaths	535	497	7.6
American Indian Death Rate per 100,000	783.5	727.9	7.6
Adolescent Deaths (12 through 19 years of age)			
Number	66	72	-8.3
Rate per 100,000 Adolescents	66.9	73.0	-8.4
INFANT MORTALITY:			
Number	73	70	4.3
Rate per 1,000 Births	6.6	6.5	1.5
FETAL DEATHS:			
Number	36	39	-7.7
Rate per 1,000 Births + Fetal Deaths	3.3	3.6	-8.3
MARRIAGES: Number	6,427	6,585	-2.4
Rate per 1,000 Population	8.5	8.7	-2.3
DIVORCES: Number	2,502	2,561	-2.3
Rate per 1,000 Population	3.3	3.4	-2.9
ABORTIONS: Number	680	685	-0.7
Rate per 1,000 Births	61.7	64.0	-3.6

Note: Birth and death data are for South Dakota residents.
Marriage and divorce data reflect events occurring in South Dakota.
Abortion data reflect events occurring in South Dakota to South Dakota residents.
Source: South Dakota Department of Health

Table 2
South Dakota Vital Statistics by County, 2003

	Births		Deaths		Infant Deaths		Fetal Deaths		Marriages		Divorces	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
South Dakota	11,022	14.6	7,109	941.8	73	6.6	36	3.3	6,427	8.5	2,502	3.3
County												
Aurora	35	11.4	39	1,275.3	*	*	*	*	15	4.9	6	2.0
Beadle	174	10.2	188	1,104.4	*	*	*	*	125	7.3	42	2.5
Bennett	80	22.4	33	923.3	*	*	*	*	17	4.8	7	2.0
Bon Homme	65	9.0	82	1,129.5	*	*	*	*	34	4.7	10	1.4
Brookings	309	10.9	190	673.3	*	*	*	*	209	7.4	74	2.6
Brown	463	13.1	355	1,001.1	5	10.8	3	6.4	285	8.0	110	3.1
Brule	63	11.7	62	1,155.9	*	*	*	*	50	9.3	9	1.7
Buffalo	65	32.0	13	639.8	*	*	*	*	4	2.0	*	*
Butte	113	12.4	102	1,121.6	*	*	*	*	51	5.6	45	4.9
Campbell	7	3.9	13	729.5	*	*	*	*	8	4.5	*	*
Charles Mix	138	14.8	109	1,165.8	3	21.7	*	*	48	5.1	15	1.6
Clark	35	8.4	44	1,062.0	*	*	*	*	18	4.3	12	2.9
Clay	155	11.5	98	723.9	*	*	*	*	104	7.7	26	1.9
Codington	362	14.0	217	837.9	*	*	*	*	302	11.7	104	4.0
Corson	82	19.6	36	861.0	*	*	*	*	26	6.2	*	*
Custer	71	9.8	60	824.7	*	*	*	*	103	14.2	29	4.0
Davison	250	13.3	207	1,104.5	*	*	*	*	161	8.6	68	3.6
Day	66	10.5	102	1,627.6	*	*	*	*	38	6.1	13	2.1
Deuel	53	11.8	51	1,133.8	*	*	*	*	24	5.3	10	2.2
Dewey	156	26.1	49	820.5	5	32.1	*	*	25	4.2	4	0.7
Douglas	37	10.7	40	1,156.7	*	*	*	*	15	4.3	3	0.9
Edmunds	35	8.0	45	1,030.5	*	*	*	*	16	3.7	8	1.8
Fall River	74	9.9	115	1,543.0	*	*	*	*	66	8.9	23	3.1
Faulk	25	9.5	31	1,174.2	*	*	*	*	19	7.2	5	1.9
Grant	72	9.2	93	1,185.2	*	*	*	*	81	10.3	38	4.8
Gregory	38	7.9	72	1,502.5	*	*	*	*	32	6.7	8	1.7
Haakon	14	6.4	26	1,184.0	*	*	*	*	13	5.9	6	2.7
Hamlin	110	19.9	61	1,101.1	*	*	*	*	39	7.0	18	3.2
Hand	31	8.3	49	1,309.8	*	*	*	*	17	4.5	6	1.6
Hanson	60	19.1	15	477.9	*	*	*	*	11	3.5	9	2.9
Harding	8	5.9	12	886.9	*	*	*	*	9	6.7	3	2.2
Hughes	213	12.9	150	910.1	*	*	*	*	144	8.7	63	3.8
Hutchinson	85	10.5	133	1,647.1	*	*	*	*	54	6.7	13	1.6

Note: Births, deaths, infant deaths, and fetal deaths are by county of residence; marriages and divorces are by county of occurrence.

Birth, marriage, and divorce rates are per 1,000 population. Deaths are per 100,000 population. Infant mortality rates are per 1,000 live births.

Fetal mortality rates are per 1,000 live births plus fetal deaths.

*Cells with less than 3 events.

Source: South Dakota Department of Health

Table 2 (continued)
South Dakota Vital Statistics by County, 2003

	Births		Deaths		Infant Deaths		Fetal Deaths		Marriages		Divorces	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
County												
Hyde	21	12.6	28	1,675.6	*	*	*	*	13	7.8	*	*
Jackson	53	18.1	26	887.4	*	*	*	*	15	5.1	*	*
Jerauld	27	11.8	28	1,220.0	*	*	*	*	20	8.7	8	3.5
Jones	13	10.9	11	922.0	*	*	*	*	5	4.2	*	*
Kingsbury	54	9.3	97	1,668.1	*	*	*	*	30	5.2	18	3.1
Lake	122	10.8	104	922.3	*	*	*	*	77	6.8	17	1.5
Lawrence	237	10.9	201	921.9	*	*	*	*	421	19.3	100	4.6
Lincoln	504	20.9	182	754.2	*	*	*	*	106	4.4	94	3.9
Lyman	72	18.5	34	872.9	*	*	*	*	16	4.1	10	2.6
McCook	90	15.4	72	1,234.6	3	33.3	*	*	41	7.0	15	2.6
McPherson	20	6.9	39	1,343.0	*	*	*	*	14	4.8	5	1.7
Marshall	39	8.5	46	1,005.2	*	*	*	*	41	9.0	10	2.2
Meade	344	14.2	182	750.4	4	11.6	*	*	270	11.1	112	4.6
Mellette	37	17.8	22	1,056.2	*	*	*	*	33	15.8	3	1.4
Miner	26	9.0	34	1,178.9	*	*	*	*	12	4.2	3	1.0
Minnehaha	2,485	16.8	1,156	779.6	11	4.4	10	4.0	1,268	8.6	595	4.0
Moody	80	12.1	60	909.8	*	*	*	*	31	4.7	17	2.6
Pennington	1,552	17.5	732	826.5	11	7.1	5	3.2	999	11.3	442	5.0
Perkins	24	6.6	39	1,072.6	*	*	*	*	25	6.9	8	2.2
Potter	20	7.4	49	1,819.5	*	*	*	*	11	4.1	3	1.1
Roberts	154	15.4	113	1,128.2	*	*	*	*	142	14.2	19	1.9
Sanborn	27	10.1	40	1,495.3	*	*	*	*	18	6.7	3	1.1
Shannon	385	30.9	129	1,034.8	3	7.8	*	*	5	0.4	*	*
Spink	79	10.6	89	1,194.0	*	*	*	*	44	5.9	18	2.4
Stanley	43	15.5	11	396.8	*	*	*	*	19	6.9	8	2.9
Sully	17	10.9	9	578.4	*	*	*	*	3	1.9	6	3.9
Todd	257	28.4	79	872.9	6	23.3	3	11.5	23	2.5	5	0.6
Tripp	65	10.1	80	1,244.2	*	*	*	*	39	6.1	18	2.8
Turner	86	9.7	118	1,333.5	*	*	*	*	54	6.1	22	2.5
Union	159	12.6	88	699.3	*	*	*	*	255	20.3	53	4.2
Walworth	78	13.1	76	1,272.2	*	*	*	*	38	6.4	19	3.2
Yankton	274	12.7	225	1,039.2	*	*	*	*	171	7.9	72	3.3
Ziebach	34	13.5	18	714.6	*	*	*	*	5	2.0	*	*

Note: Births, deaths, infant deaths, and fetal deaths are by county of residence; marriages and divorces are by county of occurrence.

Birth, marriage, and divorce rates are per 1,000 population. Deaths are per 100,000 population. Infant mortality rates are per 1,000 live births.

Fetal mortality rates are per 1,000 live births plus fetal deaths.

*Cells with less than 3 events.

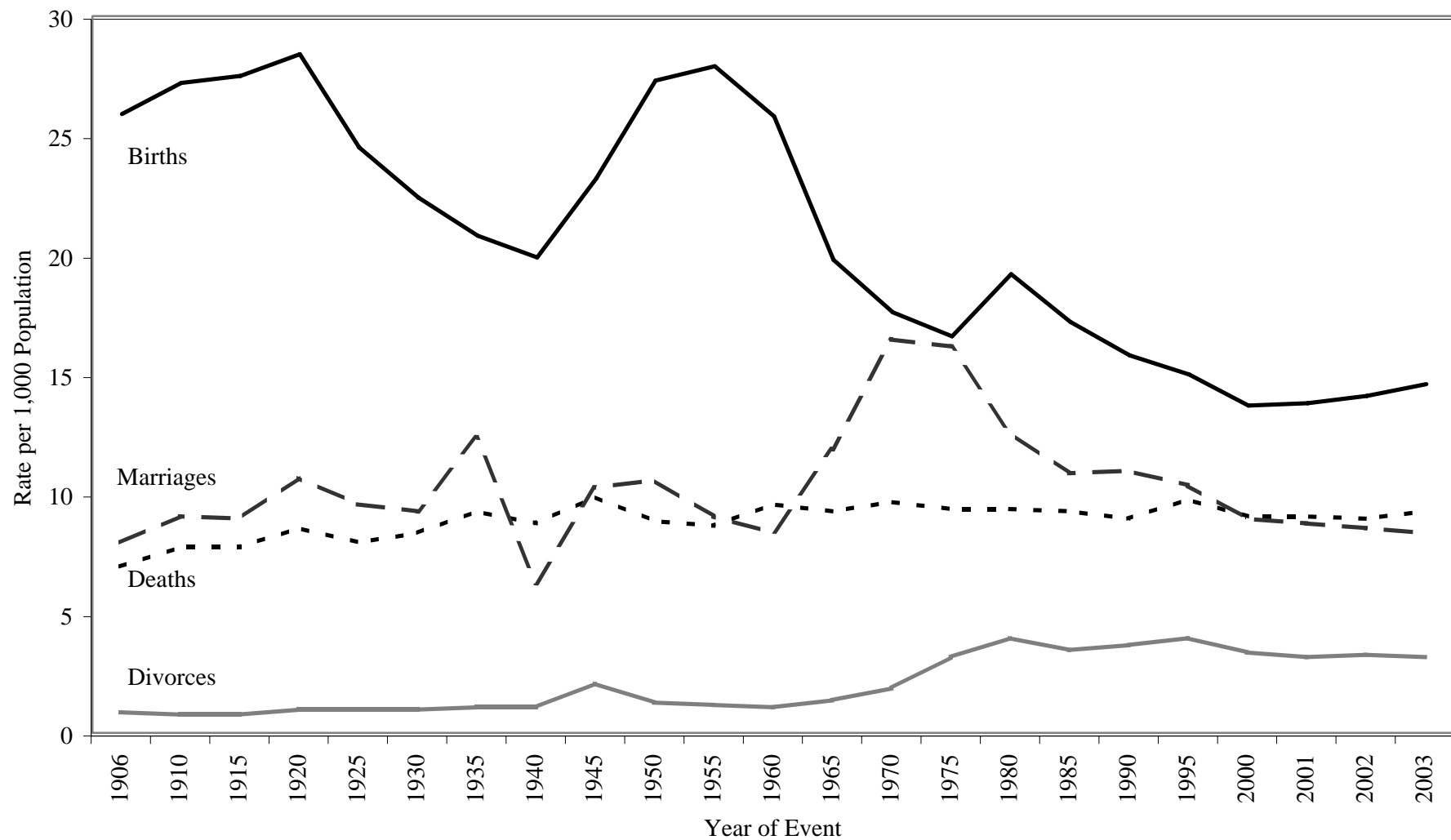
Source: South Dakota Department of Health

Table 3
Selected Records in Vital Statistics
South Dakota, 2003

NATALITY			
Oldest Father:	63	Oldest Mother:	51
Youngest Father:	15	Youngest Mother:	13
Smallest Live Birth:	0 lb. 5 oz.		
Largest Live Birth:	12 lbs. 5 oz.		
Most Popular Names for Infants			
Boy's Names	Number	Girl's Names	Number
Jacob	78	Hannah	68
Ethan	70	Emily	66
Mason	62	Abigail	54
Logan	55	Grace	53
Tyler	51	Morgan	53
Samuel	50	Emma	51
Andrew	50	Madison	48
Caleb	50	Alexis	45
Dylan	49	Elizabeth	42
Zachary	48	Megan	40
Dylan	48		
Gavin	48		
MORTALITY			
Oldest Male Decedent:	106	Oldest Female Decedent:	111
MARRIAGE			
Oldest Groom:	92	Oldest Bride:	84
Youngest Groom:	16	Youngest Bride:	16
DIVORCE			
Longest Duration of a Marriage Ending in a Divorce:		60 Years	

Source: South Dakota Department of Health

Figure 1
Birth, Death, Marriage, and Divorce Rates for
South Dakota, 1906-2003



Source: South Dakota Department of Health

Natality



Natality

An Overview: 2003

Total Resident Live Births	11,022
Crude Birth Rate per 1,000 Population	14.6
Median Live Birth Weight (Grams)	3,374
Low Weight Births (Less than 2,500 grams)	734
Low Birth Weight Rate per 1,000 Live Births	66.6
Mean Age of Mother	27
No Prenatal Care (Percentage of Total Single Live Births)	0.8

For the first time in 2003, mothers were able to indicate multiple births on the birth certificate. Please see page 214 in the Technical Notes for a more in depth explanation. There were 11,022 births to South Dakota residents in 2003, for a crude birth rate of 14.6 per 1,000 South Dakota resident populations. Resident births increased by

3.0 percent from 2002 when there were 10,698 births.

In 2003, 50.5 percent of the babies born were male and 49.5 percent were female. Racially, white births were 50.3 percent male and 49.7 percent female; American Indian births were 51.2 percent male, 48.8 percent female. The low birth weight rate per 1,000 live births decreased from 71.8 in 2002 to 66.6 in 2003. This was a 7.2 percent decrease from the 2002 low birth weight rate.

Table 4, below and Figure 2, page 12, display the live births and crude birth rates for the United States and South Dakota for the past 20 years. As the illustrations indicate, South Dakota's rate remains above the national average.

Table 4

Resident Live Births and Crude Birth Rates, South Dakota and United States, 1984-2003

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2003	*4,093,000	*14.0	11,022	14.6
2002	4,021,726	13.9	10,698	14.2
2001	4,025,933	14.5	10,475	13.8
2000	4,058,814	14.7	10,346	13.7
1999	3,959,417	14.5	10,516	15.1
1998	3,941,553	14.6	10,281	14.8
1997	3,880,894	14.5	10,168	14.6
1996	3,891,494	14.7	10,469	15.0
1995	3,899,589	14.8	10,470	15.0
1994	3,952,767	15.2	10,504	15.1
1993	4,000,240	15.5	10,718	15.4
1992	4,065,014	15.9	11,007	15.8
1991	4,110,907	16.3	10,930	15.7
1990	4,158,212	16.7	10,987	15.8
1989	4,040,958	16.4	11,072	15.5
1988	3,909,510	16.0	11,185	15.7
1987	3,809,394	15.7	11,482	16.2
1986	3,756,547	15.6	11,623	16.4
1985	3,760,561	15.8	12,129	17.2
1984	3,669,141	15.8	12,431	17.8

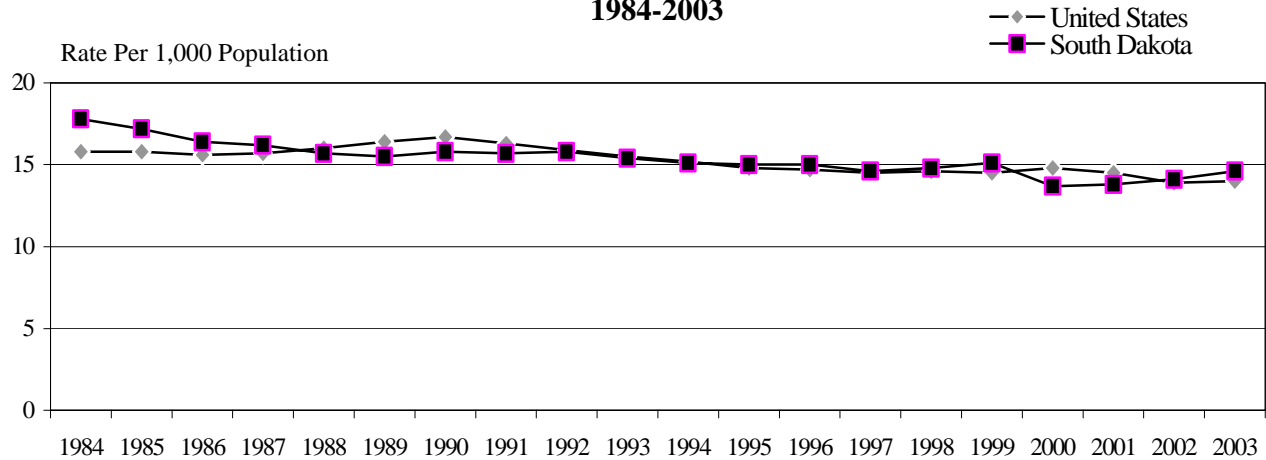
Note: *U.S. data are provisional.

The decrease in the crude rate in 2000 is due to the change in population from the 2000 census.

Crude birth rates are per 1,000 population.

Source: National Center for Health Statistics
South Dakota Department of Health

Figure 2
Resident Live Birth Rates,
South Dakota and United States,
1984-2003



Source: South Dakota Department of Health

Table 5
South Dakota Resident Live Births by
Mother's Race, 1984-2003

Physicians attended 92.5 percent of South Dakota resident births in 2003, while certified nurse midwives attended 6.6 percent of the births. In 2002, South Dakota physicians and midwives attended 92.4 percent and 6.8 percent of the births respectively. In 2003, home births represented 0.4 percent of South Dakota resident live births. In 2002, home births represented 0.5 percent of South Dakota resident live births.

Births by Race

Table 5 shows the number and percent of resident births by mother's race since 1984. In 2003, the percentage of births to whites decreased by 3.0 percent, while the percentage of births for American Indians increased by 12.4 percent. The percentage of births to other races increased 13 percent.

Births		White		American Indian		Other	
Year	Number	Number	% of all Births	Number	% of all Births	Number	% of all Births
2003	11,022	8,642	78.4	2,091	19.0	289	2.6
2002	10,698	8,648	80.8	1,805	16.9	244	2.3
2001	10,475	8,469	80.8	1,770	17.0	233	2.2
2000	10,346	8,416	81.3	1,682	16.3	245	2.4
1999	10,516	8,658	82.3	1,665	15.8	192	1.8
1998	10,281	8,383	81.5	1,716	16.7	181	1.8
1997	10,168	8,412	82.7	1,538	15.1	218	2.1
1996	10,469	8,655	82.7	1,632	15.6	181	1.7
1995	10,470	8,684	82.9	1,564	14.9	221	2.1
1994	10,504	8,771	83.5	1,533	14.6	197	1.9
1993	10,718	8,822	82.3	1,720	16.0	173	1.6
1992	11,007	9,090	82.6	1,739	15.8	159	1.4
1991	10,930	9,068	83.0	1,665	15.2	132	1.2
1990	10,987	9,165	83.4	1,668	15.2	154	1.4
1989	11,072	9,163	82.8	1,753	15.8	156	1.4
1988	11,185	9,343	83.5	1,696	15.2	146	1.3
1987	11,482	9,642	84.0	1,695	14.7	145	1.3
1986	11,623	9,807	84.4	1,678	14.4	138	1.2
1985	12,129	10,301	84.9	1,689	13.9	139	1.2
1984	12,431	10,670	85.8	1,637	13.2	124	1.0

Note: Failure of the races to add to the total is due to unknown races contained in the total birth column.

Source: South Dakota Department of Health

Table 6
South Dakota Resident Live Births by State in
Which Birth Occurred and Mother's Race, 2003

	Total	RACE OF MOTHER		
		White	American Indian	Other
Total	11,022	8,642	2,091	289
Colorado	4	3	*	*
Hawaii	3	*	*	*
Iowa	134	129	*	3
Minnesota	51	47	3	*
Nebraska	66	17	48	*
North Dakota	138	66	72	*
South Dakota	10,619	8,375	1,961	283
All other	7	5	*	*

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

South Dakota Resident and Occurrence Births

Table 6 shows that of the 11,022 South Dakota resident births in 2003, 8,642 were to white women while 2,091 were to American Indian women. Of the 11,022 births, 403 occurred out of state. The four states where the majority of these births occurred are bordering states. The percent of births occurring in each are as follows:

- North Dakota-1.3 percent
- Iowa-1.2 percent
- Nebraska-0.6 percent
- Minnesota-0.5 percent

In comparison, Table 7 shows 884 of the 11,503 births occurring in South Dakota during 2003 were not to South Dakota residents.

Birth Weight

Low birth weight (LBW) is defined as live births with a weight less than 2,500 grams or five pounds eight ounces. The data in Table 8, page 14, indicates that in 2003 the majority of births fell into the 3,000 to 3,499 gram or 3,500 to 3,999 gram category. This is consistent with data from the past several years.

Table 7
Live Births Occurring in South Dakota by Mother's
Resident State and Race, 2003

	Total	RACE OF MOTHER		
		White	American Indian	Other
Total	11,503	9,184	2,019	300
Iowa	288	280	4	4
Kansas	3	*	*	*
Minnesota	287	272	7	8
Montana	6	6	*	*
North Dakota	40	36	4	*
Nebraska	183	144	38	*
South Dakota	10,619	8,375	1,961	283
Wyoming	65	61	*	*
All Other	12	10	5	5

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Table 8
South Dakota Resident Live Births by Birth Weight and Mother's Race, 2003

Birth Weight (in Grams)	Total		Race of Mother					
			White		American Indian		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
0-499	10	0.1	6	0.1	4	0.2	*	*
500-999	45	0.4	31	0.4	11	0.5	3	1.0
1,000-1,499	67	0.6	53	0.6	14	0.7	*	*
1,500-1,999	138	1.3	110	1.3	23	1.1	5	1.7
2,000-2,499	474	4.3	361	4.2	94	4.5	19	6.6
2,500-2,999	1,712	15.5	1,336	15.5	301	14.4	75	26.0
3,000-3,499	4,104	37.2	3,223	37.3	764	36.5	117	40.5
3,500-3,999	3,341	30.3	2,668	30.9	615	29.4	58	20.1
4,000-4,499	959	8.7	735	8.5	214	10.2	10	3.5
4,500-4,999	157	1.4	111	1.3	44	2.1	*	*
5,000 & Over	13	0.1	7	0.1	6	0.3	*	*
Total	11,022	100.0	8,642	100.0	2,091	100.0	289	100.0
Median	3,374		3,374		3,401		3,175	
Mean	3,346		3,346		3,371		3,165	
Mode	3,289		3,289		3,317		2,977	

Note: Failure of the races and birth weights to add to the total is due to unknown races and birth weights contained in the total birth column and row.

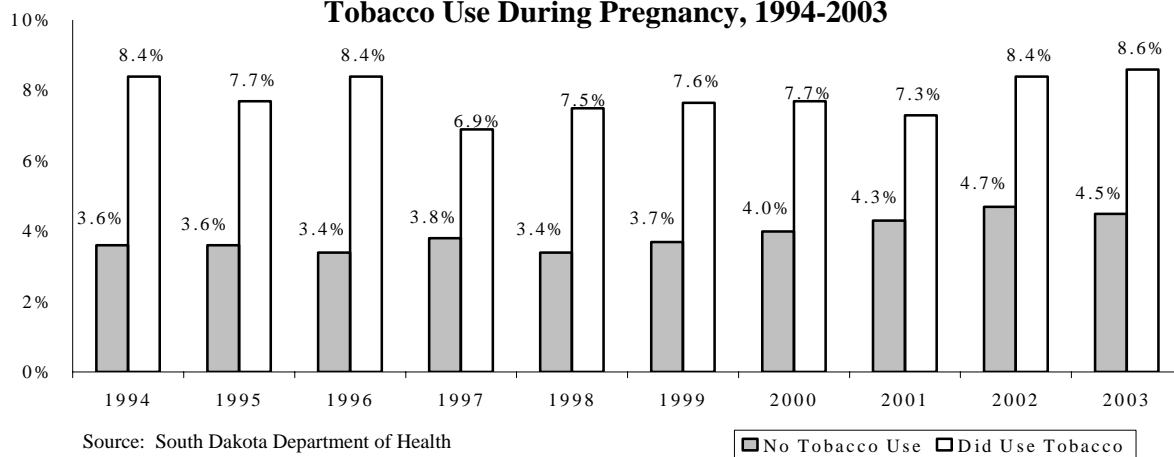
*Cells with less than 3 events.

Source: South Dakota Department of Health

In 2003, there were 734 low weight births or 6.7 percent of all South Dakota resident live births. When looking at race, 6.5 percent of white babies and 7.0 percent of American Indian babies were low birth weight in 2003. In comparison, in 2002 white and American Indian low birth weight births were 7.0 and 7.1 percent, respectively.

Use of tobacco during pregnancy is associated with low birth weight, miscarriages, and infant mortality (1). For example, tobacco use during pregnancy was reported on 18.9 percent of the 2003 South Dakota resident birth certificates of which 8.6 percent had a baby under 2,500 grams (Figure 3). Of those reporting no maternal tobacco use in 2003, 4.5 percent had a low birth weight baby.

Figure 3
Single, Live, Low Weight Births to South Dakota Residents by Mother's Tobacco Use During Pregnancy, 1994-2003



Maternal weight gain is another lifestyle characteristic with a direct relationship to low birth weight. For women of normal weight, the Institute of Medicine recommends maternal weight gain of 15 to 25 pounds (1).

In 2003, 68 percent of low birth weight infants in South Dakota were born preterm. Preterm birth is among the leading causes of infant death (1). Table 9, below, displays preterm and full term – low birth weight births to South Dakota residents by mother’s age.

Table 9
South Dakota Resident Preterm and Full Term Births Less Than 2,500
Grams by Mother’s Age, 2003

Mother’s Age	Weeks of Gestation					
	Less than 32 Weeks		32 to 36 Weeks		37 and Above	
	Number	Percent	Number	Percent	Number	Percent
< 18 Years	3	0.4%	16	2.2%	12	1.6%
18-19 Years	14	1.9%	15	2.0%	16	2.2%
20-24 Years	37	5.0%	109	14.9%	65	8.9%
25-29 Years	40	5.4%	118	16.1%	66	9.0%
30-34 Years	21	2.9%	73	9.9%	39	5.3%
35-39 Years	11	1.5%	37	5.0%	22	3.0%
40-44 Years	4	0.5%	4	0.5%	11	1.5%
Total	130	17.7%	372	50.7%	231	31.5%

Note: Failure to add up to 734 because of 1 unknown gestation.
Source: South Dakota Department of Health

Table 10, on the next page, compares low birth weight to normal birth weight babies by selected behaviors of the mother. All babies compared in Table 10 are at least 37 weeks of gestation and no multiple births are included. Of the babies born at 37 weeks gestation and above who weighed less than 2,500 grams in 2003, 34.7 percent were born to mothers who smoked during their pregnancy. In comparison, 18.2 percent of normal birth weight babies were born to mothers who smoked in 2003.

Of the babies born at 37 weeks gestation and above who weighed less than 2,500 grams in 2003, 24.4 percent were born to mothers who had low weight gain during their pregnancy. In comparison in 2003,

14 percent of normal birth weight babies were born to mothers who had low weight gain during their pregnancy.

Of the babies born at 37 weeks gestation and above who weighed less than 2,500 grams in 2003, 72.4 percent were born to mothers who sought prenatal care in the first trimester. Similarly, 78.5 percent of normal birth weight babies were born to mothers who sought prenatal care in the first trimester in 2003.

When looking at the selected behaviors of mothers and whether their behaviors affected if they had a baby who weighed above or below 2,500 grams for the last ten years, the results are similar to the findings in 2003.

Table 10
Selected Behaviors of the Mother by Infant's Birth Weight, 2003 and
1994-2003

Behaviors	2003		1994-2003	
	Birth Weight (Grams)		Birth Weight (Grams)	
	<2500	2500+	<2500	2500+
Smokers	34.7%	18.2%	42.1%	19.9%
Low Weight Gain of Mother	24.4%	14.0%	20.3%	11.7%
First Trimester Prenatal Care	72.4%	78.5%	77.1%	80.7%

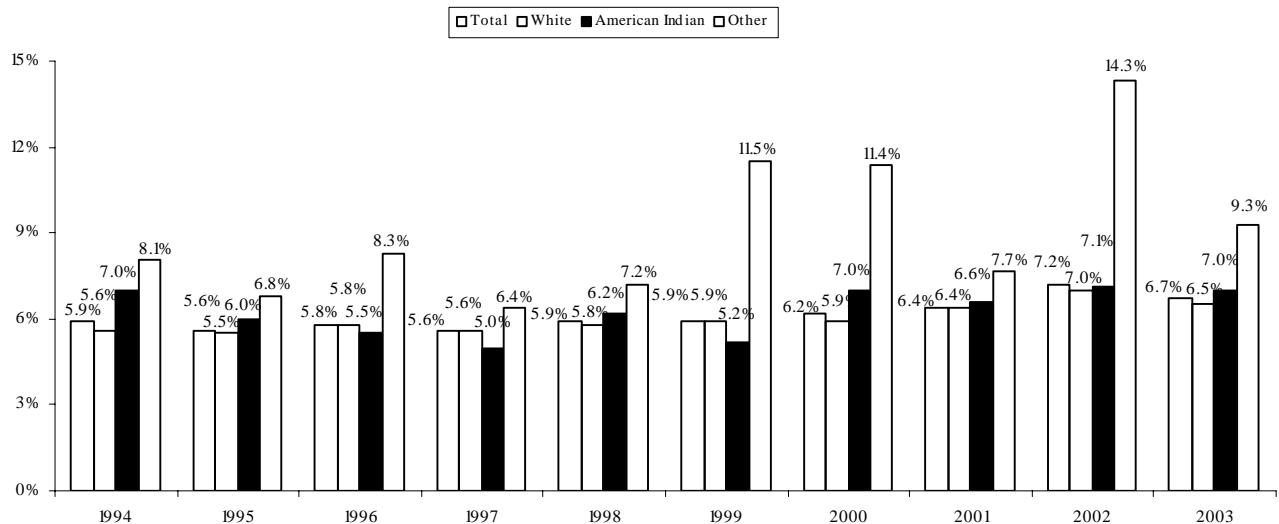
Note: Only infants who were at least 37 weeks gestation were included in this table.
Only mothers who gained less than 16 lbs are included in the low weight gain data.
Multiple births are excluded.

Source: South Dakota Department of Health

Figure 4, below, compares the low birth weight babies by race of mother from 1994 to 2003. In 2003, white women accounted for 561 or 6.5 percent of low birth weight babies. American Indian women accounted

for 146 or 7.0 percent of low birth weight babies. In 2003 there was a 7.1 percent decrease in white low birth weight babies while among American Indians there was a 1.4 percent decrease in low birth weight babies.

Figure 4
South Dakota Resident Low Birth Weight Births by Race of Mother, 1994-2003



Note: Failure of the races to add to the total is due to unknown races contained in the total birth column.

Source: South Dakota Department of Health

Mother's Age and Race

Table 11, below, illustrates that women aged 25 to 29 accounted for the largest percentage of South Dakota resident births in 2003, at 30.7 percent. Women less than 20 years of age comprised 9.3 percent of the total resident births. White women less than 20 years of age accounted for 6.2 percent of the total

white births, while American Indian women of the same age constituted 22 percent of the total American Indian births. The median ages for white and American Indian mothers were 27 and 23 years of age, respectively. The modal ages were 26 and 20 years of age, respectively.

Table 11
South Dakota Resident Live Births by Mother's Age and Race, 2003

Age of Mother	Total		Race Of Mother					
			White		American Indian		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 18	310	2.8	132	1.5	168	8.0	10	3.5
18-19 Years	719	6.5	405	4.7	293	14.0	21	7.3
20-24 Years	3,114	28.3	2,278	26.4	763	36.5	73	25.3
25-29 Years	3,382	30.7	2,813	32.6	479	22.9	90	31.1
30-34 Years	2,302	20.9	1,983	22.9	252	12.1	67	23.2
35-39 Years	977	8.9	842	9.7	116	5.5	19	6.6
40 & over	218	2.0	189	2.2	20	1.0	9	3.1
Total	11,022	100.0	8,642	100.0	2,091	100.0	289	100.0

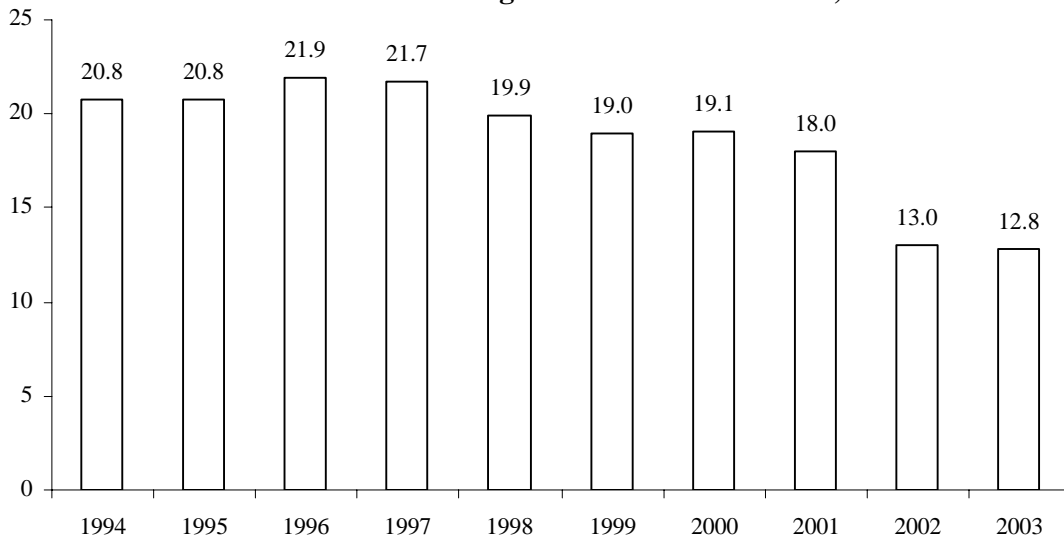
Note: Failure of the races to add to the total is due to unknown races contained in the total birth column.

Source: South Dakota Department of Health

Figure 5, on the next page, illustrates South Dakota resident teen births (17 years old and younger) as a rate from 1994 through 2003. In 2003 the teen birth rate was 12.8 while in 2002 the teen birth rate was 13.0. This shows a

1.5 percent decrease in the teen birth rate from 2002 to 2003. Since 1996 there has been a decline in the number of teen births. A 41.6 percent decrease in the teen birth rate from 1996 to 2003.

Figure 5
South Dakota Resident Single Live Teen Birth Rates, 1994-2003



Note: For purposes of calculating birth rates, multiple births (twins, triplets, etc.) are counted only as a single birth.
Source: South Dakota Department of Health

Prenatal Care

Table 12, below, shows the number and percentage of South Dakota resident single live births and when the mothers started prenatal care in 2003. Over 78 percent of mothers initiated care in the first trimester, 83.0 percent of white mothers and 59.8 percent of American Indian. Less than one percent did not obtain prenatal care at all, 0.4 percent of white mothers and 2.4 percent of American Indian mothers.

Figure 6, on the next page, shows the 10 year trend for South Dakota resident single live births and when the mothers started prenatal care. Since 1999, there has been a decline in the number of women who begin prenatal care in the first trimester until this year. In 2003, 78.3 percent of the women sought prenatal care in the first trimester, while in 2002 77.6 percent of the women sought care in the first trimester. This is a .9 percent increase.

Table 12
South Dakota Resident Single Live Births by Trimester Prenatal Care Began and Mother's Race, 2003

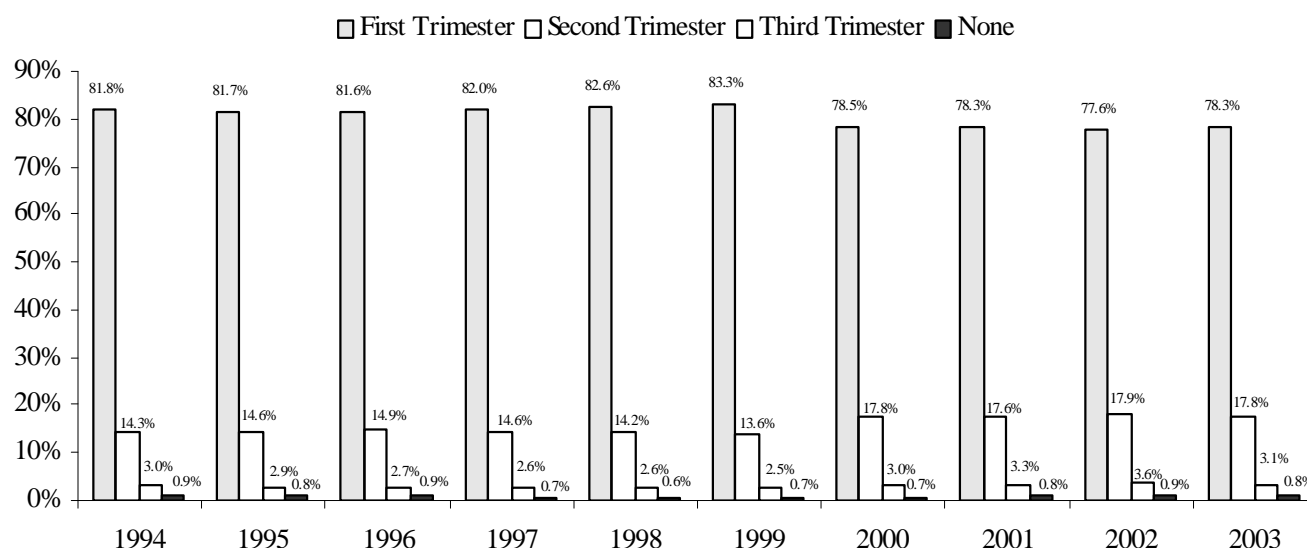
Trimester Prenatal Care Began	Total		Race of Mother					
			White		American Indian		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
First	8,491	78.2	7,070	83.0	1,231	59.8	190	66.7
Second	1,934	17.8	1,262	14.8	589	28.6	83	29.1
Third	338	3.1	145	1.7	182	8.8	11	3.9
None	82	0.8	32	0.4	50	2.4	*	*
Unknown	19	0.2	10	0.1	8	0.4	*	*
Total	10,864	100.0	8,519	100.0	2,060	100.0	285	100.0

Note: Failure of the races to add to the total is due to the unknown races contained in the total birth column.

*Cells with less than 3 events.

Source: South Dakota Department of Health

Figure 6
South Dakota Resident Single Live Births by Trimester
Prenatal Care Began, 1994-2003



Source: South Dakota Department of Health

Table 13, below, indicates that 11.9 percent of the pregnancies resulting in low birth weight babies (less than 2,500 grams) had less than five

prenatal care visits; 28.9 percent of the American Indian and 7.3 percent of the white low birth weight babies had fewer than five prenatal care visits.

Table 13
South Dakota Resident Single Live Births by Number of Prenatal Visits
and Mother's Race for Low Birth Weight Babies, 2003

Number of Prenatal Care Visits	Total		Race of Mother					
			White		American Indian		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
None	19	3.0	9	1.8	10	7.8	*	*
1-4	57	8.9	27	5.5	27	21.1	3	12.5
5-9	259	40.3	192	39.2	58	45.3	9	37.5
10-14	237	36.9	204	41.6	23	18.0	10	41.7
15-19	44	6.9	37	7.6	6	4.7	*	*
20+	18	2.8	16	3.3	*	*	*	*
Not Stated	8	1.2	5	1.0	*	*	*	*
Total	642	100.0	490	100.0	128	100.0	24	100.0

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Congenital Anomalies

Congenital anomalies reported from 1999 to 2003 are shown in Table 14 below. Since 1989, South Dakota birth certificates have contained check boxes to report some of the most severe congenital anomalies. The total number of infants with at least one anomaly in the period from 1989-2003 was 3,008 with a total of 3,527 congenital anomalies being reported.

From 1999 to 2003 there were 878 infants with at least one congenital anomaly. In 2003 there were 194 infants with at least one congenital anomaly which accounted for less than two percent of total births.

The most frequently reported anomaly since 1989 was other musculoskeletal/integumental anomalies, which continues to be the most frequent for the five year total.

Table 14
South Dakota Resident Births with Reported Congenital Anomalies,
by Mother's Race and Baby's Gender, 1999-2003

	Total	Baby's Gender	
		Female	Male
Number of infants with at least one anomaly	878	347	531
Total Congenital Anomalies	1,009	398	611
Other Musculoskeletal/Integumental Anomalies	174	83	91
Other Urogenital Anomalies	103	14	89
Heart Malformations	96	39	57
Cleft Lip/Palate	95	38	57
Malformed Genitalia	80	5	75
Polydactyly/Syndactyly/Adactyly	62	27	35
Club Foot	56	21	35
Down's Syndrome	51	33	18
Other Circulatory Anomalies	45	18	27
Other Gastrointestinal Anomalies	35	15	20
Omphalocele/Gastroschisis	33	23	10
Hydrocephalus	27	13	14
Other Central Nervous System Anomalies	22	10	12
Other Chromosomal Anomalies	22	11	11
Diaphragmatic Hernia	18	9	9
Tracheo-Esophageal Fistula/Esophageal Atresia	12	8	4
Spina Bifida/Meningocele	11	6	5
Anencephalus	10	5	5
Other	57	20	37

Source: South Dakota Department of Health

Table 15, below, shows congenital anomalies reported over the last 10 years. The total number of infants with at least one anomaly from 1994 to 2003 is 1,809. There was also a 2.6 percent increase in the

number of infants with at least one anomaly from 2002 to 2003. From 1994 to 2003 there was a 9.3 percent decrease in the number of infants with at least one anomaly.

Table 15
South Dakota Resident Births with Reported Congenital Anomalies, 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total Births	104,949	11,022	10,698	10,475	10,346	10,516	10,281	10,168	10,469	10,470	10,504
Number of infants with at least one anomaly	1,809	194	189	168	151	176	170	176	182	189	214
Other Musculoskeletal/Integumental Anomalies	357	36	26	27	35	50	41	45	49	24	24
Other Urogenital Anomalies	273	25	20	12	21	25	27	32	34	40	37
Heart Malformations	185	29	21	17	17	12	17	16	16	20	20
Cleft Lip/Palate	168	22	14	22	17	20	15	17	11	12	18
Malformed Genitalia	114	18	21	23	13	5	3	5	8	9	9
Other Circulatory Anomalies	114	10	11	10	6	8	10	25	13	12	9
Polydactyly/Syndactyly/Adactyly	110	12	13	8	13	16	8	13	13	9	5
Club Foot	95	14	14	13	7	8	8	8	6	13	4
Down's Syndrome	88	12	12	10	6	11	10	7	7	3	10
Other Gastrointestinal Anomalies	63	6	6	6	7	10	6	4	5	5	8
Omphalocele/Gastroschisis	60	5	7	9	10	*	6	5	7	3	6
Other Central Nervous System Anomalies	43	8	4	5	3	*	4	4	*	5	6
Other Chromosomal Anomalies	43	5	7	3	3	4	5	*	4	7	3
Hydrocephalus	40	4	5	6	7	5	3	*	*	3	5
Diaphragmatic Hernia	35	*	7	4	*	4	*	5	5	*	4
Spina Bifida/Meningocele	30	3	3	3	*	*	3	3	4	3	6
Renal Agenesis	24	3	4	*	*	4	*	4	*	*	*
Tracheoesophageal Fistula/Esophageal Atresia	21	3	3	*	*	4	*	*	*	*	4
Microcephalus	15	*	*	*	4	*	3	*	*	*	*
Anencephalus	13	*	3	*	*	4	*	*	*	*	*
Rectal Astresia/Stenosis	11	*	3	*	*	*	*	*	*	*	*
Other	206	5	5	3	*	12	29	12	30	46	62

Note: *Cells with less than 3 events.
Source: South Dakota Department of Health

Medical History Factors

Table 16, below, lists the medical history factors that were reported on birth certificates for South Dakota resident mothers from 1994 to 2003. During 2003, these medical history factors were associated with 22.7 percent of pregnancies resulting in live births. These medical

factors can increase the morbidity and mortality risks of both the mother and infant, particularly when they are not adequately treated (1). For example, pregnancy-associated hypertension, the factor most frequently reported on 2003 South Dakota birth certificates, is one of the most frequent causes of maternal death in the United States (1).

Table 16
South Dakota Resident Single Live Births by
Mother's Medical History Factors for this Pregnancy, 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total births	103,423	10,864	10,521	10,295	10,204	10,365	10,122	10,046	10,307	10,333	10,366
Hypertension, pregnancy-associated	4,843	565	555	533	584	578	421	393	425	368	421
Diabetes, gestational	2,492	313	314	288	260	282	236	219	213	173	194
Hydramnios/Oligohydramnios	2,254	266	277	261	244	250	238	222	208	158	130
Previous infant 4000+ grams	2,189	257	214	175	189	212	191	259	238	220	234
Previous preterm or small-for-gestational-age infant	1,770	208	185	141	171	156	159	188	182	169	211
Anemia (Hct. <30/Hgb. <10)	1,576	185	180	164	188	181	141	111	147	135	144
Uterine bleeding	764	58	53	55	59	83	93	87	109	78	89
Hypertension, chronic	739	107	99	78	63	82	67	59	65	62	57
Diabetes, pre-existing	565	68	80	67	63	62	62	45	33	49	36
Genital herpes	472	52	46	49	64	53	38	50	32	49	39
Acute or chronic lung disease	421	63	70	45	68	60	48	25	21	11	10
Incompetent cervix	378	33	45	41	41	47	31	35	35	37	33
Eclampsia	314	13	11	23	29	43	47	46	40	44	18
Blood group sensitization	267	17	24	21	12	40	25	33	31	33	31
Renal disease	239	26	21	31	33	45	19	15	21	15	13
Cardiac disease	228	37	27	40	30	30	15	11	14	12	12
Other	9,419	612	633	950	927	837	1,092	1,025	1,172	1,105	1,066
None	78,616	8,403	8,103	7,756	7,605	7,811	7,641	7,652	7,737	7,942	7,966

Note: For purposes of reporting medical history factors of the mother, multiple births (twins, triplets, etc.) are counted only as a single birth.
Source: South Dakota Department of Health

Complications of Labor and/or Delivery

Table 17 lists the complications of labor and/or delivery from 1994 to 2003 reported on South Dakota resident birth certificates. The four most prevalent complications per 1,000 live births were

fetal distress (61.0 per 1,000), meconium, moderate/heavy (51.4 per 1,000), dysfunctional labor (51.1 per 1,000) and breech/malpresentation (48.3 per 1,000). Overall, complications of labor and/or delivery were present in 27.1 percent of resident births in 2003.

Table 17
South Dakota Births by Complications of Labor and/or Delivery, 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total Births	104,949	11,022	10,698	10,475	10,346	10,516	10,281	10,168	10,469	10,470	10,504
Fetal distress	5,779	672	711	682	664	572	464	429	532	546	507
Dysfunctional labor	5,127	563	543	509	602	534	392	499	510	523	452
Breech/Malpresentation	5,055	532	543	532	491	517	439	478	530	511	482
Meconium, moderate/heavy	4,505	567	566	550	549	429	354	331	392	415	352
Cephalopelvic disproportion	3,180	247	272	231	310	304	340	317	340	376	443
Premature rupture of membrane (>12 hours)	2,725	280	268	240	264	259	240	252	296	342	284
Precipitous labor (<3 hours)	2,043	245	253	207	175	162	208	181	176	225	211
Prolonged (>20 hours)	1,423	122	113	136	126	143	134	153	164	161	171
Febrile (>100°F. or 38°C.)	856	95	79	110	84	101	75	62	90	91	69
Other excessive bleeding	774	98	98	66	54	65	83	71	88	84	67
Abruptio placenta	735	74	72	66	77	83	65	78	66	78	76
Placenta previa	285	34	33	26	38	30	33	35	14	12	30
Cord prolapse	182	20	24	13	18	25	17	14	15	22	14
Anesthetic complications	49	6	4	4	6	4	4	6	3	7	5
Other	4,980	96	139	164	144	356	707	714	891	860	909
None	74,465	8,034	7,661	7,536	7,375	7,573	7,412	7,298	7,243	7,079	7,254

Source: South Dakota Department of Health

Apgar Score

The Apgar score was developed by the late Virginia Apgar, M.D., as a standardized mechanism to assess the physical condition of newborns. The score considers five easily identifiable attributes – heart rate, respiratory effort, muscle tone, reflex, and color. Each attribute is assessed and assigned a value from zero to two, with two being optimum. If the total score of these five components is seven or greater, a newborn is considered to be in good to excellent physical condition. As a method to predict a baby's chances of survival, the Apgar score is assessed at one and five minutes after delivery with the five-minute score regarded as the better measure to make predictions (1).

In 2003, 1.2 percent of South Dakota resident infants received five-minute Apgar scores less than seven. Considering race, 1.2 percent of white infants and 1.3 percent of American Indian infants received a five-

minute Apgar score less than seven in 2003.

Obstetric Procedures

Table 18, below, shows obstetric procedures used for the last 10 years. It lists the two most prevalent obstetric procedures in 2003 as electronic fetal monitoring (EFM) and ultrasound. EFM was reported on 87.4 percent of resident live birth certificates while ultrasound was reported on 66.4 percent of resident live birth certificates in 2003. Racially, EFM usage was 86.5 percent for white mothers and 91.9 percent for American Indian mothers. Likewise, ultrasound usage was reported for 68.4 percent of white mothers and 60.2 percent of American Indian mothers on 2003 birth certificates. Overall, obstetric procedures were reported on 95.9 percent of 2003 resident live birth certificates.

Table 18
South Dakota Resident Single Live Births by Obstetric Procedures, 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total Births	103,423	10,864	10,521	10,295	10,204	10,365	10,122	10,046	10,307	10,333	10,366
Electronic fetal monitoring	83,864	9,498	9,092	8,814	8,697	8,840	8,459	7,623	7,734	7,405	7,702
Ultrasound	69,046	7,215	6,967	7,055	7,058	6,969	6,851	6,650	6,979	6,781	6,521
Induction of labor	20,764	2,861	2,755	2,534	2,318	2,182	1,827	1,821	1,650	1,498	1,318
Stimulation of labor	14,355	1,582	1,666	1,651	1,450	1,500	1,386	1,280	1,360	1,295	1,185
Tocolysis	2,172	173	224	219	211	246	205	211	221	241	221
Amniocentesis	1,966	210	179	189	211	243	173	158	202	191	210
Other	1,276	25	23	10	32	113	164	200	245	215	249
None	6,108	447	440	524	710	610	595	629	683	801	669

Note: For purposes of reporting obstetric procedures of the mother, multiple births (twins, triplets, etc.) are counted only as a single birth.
Source: South Dakota Department of Health

Abnormal Conditions of the Newborn

Table 19, below, shows the last 10 years of abnormal conditions in newborns. In 2003, 2.9 percent of South Dakota resident live birth certificates reported abnormal conditions of the newborn. Racially, abnormal conditions were reported for 2.9

percent of white infants while they were reported for 3.2 percent of American Indian infants. Overall, assisted ventilation greater than 30 minutes was the most prevalent condition reported in 2003.

Table 19
South Dakota Resident Live Births by Abnormal Conditions of the Newborn 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total Births	104,949	11,022	10,698	10,475	10,346	10,516	10,281	10,168	10,469	10,470	10,504
Assisted ventilation <30 min.	1,376	31	30	45	57	65	128	123	195	366	336
Assisted ventilation >30 min.	1,093	153	156	93	108	116	108	87	91	76	105
Hyaline membrane disease/RDS	703	91	121	106	76	64	47	45	52	45	56
Birth injury	272	22	37	19	28	28	19	32	26	20	41
Meconium aspiration syndrome	222	28	31	19	18	21	18	18	26	24	19
Anemia (Hct. <39/Hgb. <13)	160	13	18	7	6	15	15	16	14	34	22
Other	2,604	62	91	101	126	229	353	442	460	444	296
None	99,021	10,701	10,296	10,133	9,970	10,039	9,667	9,487	9,701	9,504	9,523

Note: Abnormal conditions do not equal the total number of resident births due to multiple conditions listed on some birth certificates.

Source: South Dakota Department of Health

Methods of Delivery

Table 20, below, shows the last 10 years of births by method of delivery. In 2003, vaginal births accounted for 72.2 percent of the South Dakota resident births, which is a decrease of 0.9 percent from 72.9 percent in 2002.

In 2003, primary C-section accounted for 14.6 percent of the South Dakota resident births. This is a 1.4 percent increase from 14.4 percent of South Dakota resident primary C-section births in 2002.

Table 20
South Dakota Resident Live Births by Method of Delivery, 1994-2003

	Total	Year of Birth									
		2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
Total Births	104,949	11,022	10,698	10,475	10,346	10,516	10,281	10,168	10,469	10,470	10,504
Vaginal	78,512	7,962	7,795	7,798	7,721	7,877	7,793	7,872	8,034	8,046	7,614
Primary C-section	13,731	1,612	1,537	1,391	1,414	1,382	1,296	1,207	1,359	1,228	1,305
Repeat C-section	9,723	1,242	1,144	1,046	957	968	933	830	829	866	908
Vacuum	7,607	843	765	785	746	751	906	819	779	629	584
Forceps	3,096	251	271	240	238	304	325	367	370	364	366
Vaginal birth after previous C-section	2,516	206	222	240	253	289	258	259	245	273	271

Source: South Dakota Department of Health

Infant Mortality



Infant Mortality

During 2003, there were 73 South Dakota resident infant deaths reported for an infant mortality rate of 6.6 per 1,000 live births. In comparison, there were 70 infant deaths in 2002, with the infant mortality rate of 6.5 per 1,000 live births. Caution should be used when comparing these annual rates, because the number of South Dakota resident births creates a relatively small denominator to determine infant mortality rates; a small change in the number of infant deaths can result in a relatively large rate change. For example, as Table 21 displays and Figure 7 illustrates, an increase of 37 infant deaths from 1985 to 1986 caused a relatively large upward spike in the infant death rate for this period. However, in the years

An Overview: 2003

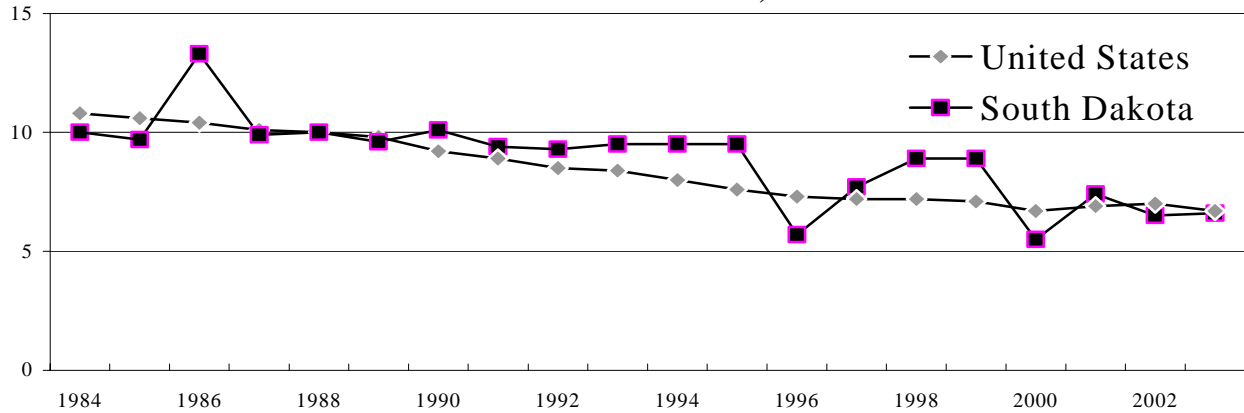
Infant Deaths	
Number	73
Rate per 1,000 Live Births	6.6
Neonatal Deaths	
Number	35
Rate per 1,000 Live Births	3.2
Postneonatal Death	
Number	38
Rate per 1,000 Live Births	3.4
Fetal Deaths	
Number	36
Rate per 1,000 Live Births + fetal deaths	3.3

Table 21
Resident Infant Deaths and Infant Mortality Rates
South Dakota and United States, 1984-2003

Year	United States		South Dakota	
	Number	Mortality Rate	Number	Mortality Rate
2003	*27,500	*6.7	73	6.6
2002	28,034	7.0	70	6.5
2001	27,568	6.8	78	7.4
2000	27,200	6.7	57	5.5
1999	27,937	7.1	94	8.9
1998	28,371	7.2	92	8.9
1997	28,045	7.2	78	7.7
1996	28,487	7.3	60	5.7
1995	29,583	7.6	99	9.5
1994	31,710	8.0	100	9.5
1993	33,466	8.4	102	9.5
1992	34,628	8.5	102	9.3
1991	36,766	8.9	103	9.4
1990	38,351	9.2	111	10.1
1989	39,655	9.8	106	9.6
1988	38,910	10.0	112	10.0
1987	38,380	10.1	114	9.9
1986	38,891	10.4	155	13.3
1985	40,030	10.6	118	9.7
1984	39,580	10.8	124	10.0

Note: * U.S. 2003 data are provisional.
Infant mortality rates are per 1,000 live births.
Source: National Center for Health Statistics
South Dakota Department of Health

Figure 7
Resident Infant Mortality Rates
South Dakota and United States, 1984-2003



Note: Rate Per 1,000 Live Births.

U.S. 2003 data are provisional.

Source: National Center for Health Statistics and South Dakota Department of Health

following 1986, the infant death rate was approximately the same as 1985. Downward spikes can be seen in 1996 and again in 2000. In other words, this measurement should be monitored over a period of time. Table 22 lists the overall leading causes of infant death for the last five years. In 2003,

leading causes of infant death can be broken down as follows: certain conditions in perinatal period, 24.7 percent; congenital anomalies, 35.6 percent; sudden infant death syndrome, 19.2 percent; and accidents, for 4.1 percent.

Table 22
South Dakota Resident Leading Causes of
Infant Death, 1999-2003

	Total	Year of Death	
		2003	2002-1999
Total Deaths	372	73	299
Causes of Death			
Certain Conditions in Perinatal Period.....(P00-P96)	125	18	107
Disorders related to short gestation and low birth weight.....(P07)	33	6	27
Extremely low birth weight or extreme immaturity.....(P07.0-P07.2)	27	5	22
Newborn affected by complications of placenta, cord, and membranes.....(P02)	16	3	13
All other conditions originating in perinatal period	49	4	45
Congenital Anomalies.....(Q00-Q99)	98	26	72
Congenital malformations of heart.....(Q20-Q24)	22	6	16
Congenital malformations and deformations of musculoskeletal system, limbs and integument.....(Q65-Q85)	15	5	10
All other congenital anomalies	61	15	56
Sudden Infant Death Syndrome.....(R95)	71	14	57
Accidents.....(V01-X59)	18	3	15
All Other Causes	60	12	48

Source: South Dakota Department of Health

There were 35 neonatal deaths (deaths occurring to infants from birth through 27 days old) for a rate of 3.2 deaths per 1,000 live births. There were 38 postneonatal deaths (deaths occurring to infants 28 days to 1 year of age) for a rate of 3.4 deaths per 1,000 live births. In comparison, the 2002 neonatal and postneonatal rates were 3.6 and 3.0 per 1,000 live births, respectively. The number of fetal deaths decreased from 39 in 2002 to 36 in 2003, with a corresponding decrease in the fetal death rate from 3.6 (per 1,000 live births plus fetal deaths) in 2002 to 3.3 in 2003.

Infant Mortality by Race

Table 23 indicates that from 2002 to 2003, the number of South Dakota resident infant deaths increased for both whites and American Indians. As a result, the infant mortality rate per 1,000 live births rose for whites in 2003. The infant mortality rate actually decreased for American Indians because of the increase in American Indian births in 2003. American Indian infant mortality rates were also significantly higher than whites in 2003 and for the 20 year total.

Table 23
South Dakota Resident Infant Deaths and Mortality Rates
by Infant's Race, 1984-2003

Year	Race of Infant				Total	
	White		American Indian			
	Number	Rate	Number	Rate	Number	Rate
2003	43	5.0	27	12.9	73	6.6
2002	41	4.7	26	14.4	70	6.5
2001	52	6.1	25	14.1	78	7.4
2000	36	4.3	19	11.3	57	5.5
1999	66	7.6	24	14.4	94	8.9
1998	61	7.3	29	16.9	92	8.9
1997	45	5.3	30	19.5	78	7.7
1996	39	4.5	20	12.3	60	5.7
1995	69	7.9	30	19.2	99	9.5
1994	66	7.5	33	21.5	100	9.5
1993	67	7.6	35	20.3	102	9.5
1992	69	7.6	32	18.4	102	9.3
1991	73	8.1	25	15.0	103	9.4
1990	77	8.4	33	19.8	111	10.1
1989	64	7.0	40	22.8	106	9.6
1988	87	9.3	25	14.7	112	10.0
1987	76	7.9	36	21.2	114	9.9
1986	100	10.2	52	31.0	155	13.3
1985	89	8.6	29	17.2	118	9.7
1984	94	8.8	28	17.1	124	10.0
1984-2003	1,314	7.3	598	17.6	1,948	8.9

Note: Failure of the races to add to the total is due to other and unknown races.

Infant mortality rates are per 1,000 live births.

Source: South Dakota Department of Health

When analyzed by race, Table 24 indicates that the South Dakota resident neonatal mortality rate per 1,000 live births decreased for both whites

and American Indians from 2002 to 2003. The American Indian infant mortality rate is significantly higher than whites for the 20 year total.

Table 24
South Dakota Resident Neonatal Deaths and
Mortality Rates by Infant's Race, 1984-2003

Year	Race of Infant				Total	
	White		American Indian			
	Number	Rate	Number	Rate	Number	Rate
2003	22	2.5	11	5.3	35	3.2
2002	24	2.8	12	6.6	38	3.6
2001	27	3.2	9	5.1	37	3.5
2000	24	2.9	7	4.2	32	3.1
1999	43	5.0	10	6.0	57	5.4
1998	34	4.1	11	6.4	46	4.5
1997	28	3.3	10	6.5	40	3.9
1996	20	2.3	11	6.7	31	3.0
1995	40	4.6	14	9.0	54	5.2
1994	37	4.2	20	13.0	57	5.4
1993	37	4.2	16	9.3	53	4.9
1992	44	4.8	12	6.9	56	5.1
1991	43	4.7	13	7.8	59	5.4
1990	43	4.7	15	9.0	58	5.3
1989	34	3.7	16	9.1	51	4.6
1988	56	6.0	6	3.5	62	5.5
1987	43	4.5	13	7.7	57	5.0
1986	60	6.1	23	13.7	84	7.2
1985	54	5.2	10	5.9	64	5.3
1984	53	5.0	12	7.3	67	5.4
1984-2003	766	4.2	251	7.4	1,038	4.8

Note: Failure of the races to add to the total is due to other and unknown races.

Neonatal mortality rates are per 1,000 live births.

Source: South Dakota Department of Health

Table 25, below, indicates that the postneonatal mortality rate per 1,000 live births increased for white infants and decreased for American Indian infants from 2002 to 2003.

Although American Indian infant mortality rates decreased they are still significantly higher than whites in 2003 and for the 20 year total.

Table 25
South Dakota Resident Postneonatal Deaths and
Mortality Rates by Infant's Race, 1984-2003

Year	Race of Infant				Total	
	White		American Indian			
	Number	Rate	Number	Rate	Number	Rate
2003	21	2.4	16	7.7	38	3.4
2002	17	2.0	14	7.8	32	3.0
2001	25	2.9	16	9.0	41	3.9
2000	12	1.4	12	7.1	25	2.4
1999	23	2.7	14	8.4	37	3.5
1998	27	3.2	18	10.5	46	4.5
1997	17	2.0	20	13.0	38	3.7
1996	19	2.2	9	5.5	29	2.8
1995	29	3.3	16	10.2	45	4.3
1994	29	3.3	13	8.5	43	4.1
1993	30	3.4	19	11.0	49	4.6
1992	25	2.8	20	11.5	46	4.2
1991	30	3.3	12	7.2	44	4.0
1990	34	3.7	18	10.8	53	4.8
1989	30	3.3	24	13.7	55	5.0
1988	31	3.3	19	11.2	50	4.5
1987	33	3.4	23	13.5	57	4.9
1986	40	4.1	29	17.3	71	6.1
1985	35	3.4	19	11.3	54	4.4
1984	41	3.8	16	9.8	57	4.6
1984-2003	548	3.0	347	10.2	910	4.2

Note: Failure of the races to add to the total is due to other and unknown races.
Postneonatal mortality rates are per 1,000 live births.
Source: South Dakota Department of Health

Table 26 shows that the overall leading cause of infant death for South Dakota residents was certain conditions in perinatal period. These conditions include disorders related to short gestation and low birth weight, newborn affected by complications of placenta, cord, and membranes, and intrauterine hypoxia, and birth asphyxia. Certain conditions in perinatal period accounted for 33.6 percent of all infant deaths in South Dakota.

When analyzed by race, the leading cause of death for both white and American Indian infants was certain conditions in perinatal period. Certain conditions in perinatal period comprised 88 white infant deaths or 36.9 percent of all white infant deaths, while it accounted for 32 American Indian infant deaths or 26.4 percent of all American Indian infant deaths.

Table 26
South Dakota Resident Infant Deaths by Cause of Death and Race, 1999-2003

	Total	Race	
		White	American Indian
Total	372	238	121
Causes of Death			
Certain Conditions in Perinatal Period..... (P00-P96)	125	88	32
Disorders related to short gestation and low birth weight..... (P07)	33	20	11
Newborn affected by complications of placenta, cord, and membranes..... (P02)	16	12	3
Intrauterine hypoxia and birth asphyxia..... (P20-P21)	11	7	4
All other conditions originating in the perinatal period	65	49	14
Congenital Anomalies(Q00-Q99)	98	74	21
Congenital malformations of heart..... (Q20-Q24)	22	17	4
Anencephaly and similar malformations (Q00)	11	6	4
Congenital malformations of respiratory system..... (Q30-Q34)	11	7	3
All other congenital anomalies	54	44	10
Sudden Infant Death Syndrome (R95)	71	36	34
Accidents (V01-X59)	18	8	10
All Other Causes	60	32	24

Note: Numbers following cause of death are ICD-10 codes.
Failure of the races to add to the total is due to other and unknown races.
Source: South Dakota Department of Health

Infant Mortality and Birth Weight

According to Table 27, low birth weight infants, infants who are less than 2,500 grams, accounted for 51.9 percent of the South Dakota resident infant deaths from 1999 to 2003.

When separated by age, 77.9 percent of the resident neonatal deaths and 22 percent of all resident postneonatal deaths from 1999 to 2003 were low birth weight infants.

Table 27
South Dakota Resident Neonatal and Postneonatal Infant
Deaths by Race of Infant and Birth Weight, 1999-2003

Race of Infant	All Birth Weights	Birth Weight in Grams	
		2499 or less	2500 +
All Races	372	193	177
Neonatal	199	155	43
White	140	109	31
American Indian	49	40	8
Post-Neonatal	173	38	134
White	98	22	75
American Indian	72	16	56

Note: Failure of the races to add to the total is due to other and unknown races.
Source: South Dakota Department of Health

Mortality



Mortality

An Overview: 2003

Total South Dakota Resident Deaths	7,109
Crude Death Rates per 100,000 population	
South Dakota	941.8
United States (Provisional)	830.0
Age-Adjusted Death Rates per 100,000 population	
South Dakota	819.2
United States (Provisional)	**N/A
Age-Adjusted YPLL Before Age 75 per 100,000 population	
Whites	6,357
American Indians	21,713

Caution

In 1999, South Dakota along with the rest of the nation made two significant changes to the way mortality data were analyzed. These changes were the switch to using the 2000 U.S. Standard for age adjusting and using ICD-10 for disease classifications. As a result, comparison to prior reports is not possible. With the publication of this report, comparisons can be made between the reports from 1999 to 2002 and the data contained in this report.

Table 28 displays the deaths, crude death rates, and age-adjusted death rates for the United States and South Dakota for the past 20 years.

Table 28
Resident Deaths, Crude Death Rates, and Age-Adjusted Death Rates
South Dakota and United States, 1984-2003

Year	United States			South Dakota		
	Number	Crude Rate	Age-Adjusted Rate	Number	Crude Rate	Age-Adjusted Rate
2003	*2,423,000	*830.0	**N/A	7,109	941.8	819.2
2002	2,443,387	847.3	845.3	6,886	912.2	791.0
2001	2,416,425	848.5	854.5	6,915	916.1	796.3
2000	2,403,351	854.0	869.0	7,014	929.2	804.8
1999	2,391,399	857.0	875.6	6,941	997.3	799.1
1998	2,337,256	847.3	870.6	6,850	984.2	791.1
1997	2,314,245	848.8	878.1	6,855	984.9	790.2
1996	2,314,690	859.2	894.1	6,793	976.0	788.1
1995	2,312,132	868.3	909.8	6,901	991.5	798.0
1994	2,278,994	866.1	913.5	6,724	966.1	778.5
1993	2,268,000	872.8	926.1	6,774	973.3	787.1
1992	2,175,613	848.1	905.6	6,680	959.8	777.6
1991	2,169,518	857.6	922.3	6,636	953.4	768.9
1990	2,148,463	863.8	938.7	6,320	908.0	735.1
1989	2,150,466	871.3	950.5	6,534	916.3	760.5
1988	2,167,999	886.7	975.7	6,567	926.1	764.6
1987	2,123,323	876.4	970.0	6,658	940.4	778.2
1986	2,105,361	876.7	978.6	6,583	929.6	775.1
1985	2,086,440	876.9	988.1	6,604	935.7	774.5
1984	2,039,369	864.8	982.5	6,513	930.7	765.1

Note: *U.S. 2003 data are provisional.

**U.S. data not available

Crude death rates are per 100,000 population.

Age-adjusted rates are computed with the 2000 standard

Source: National Center for Health Statistics

South Dakota Department of Health

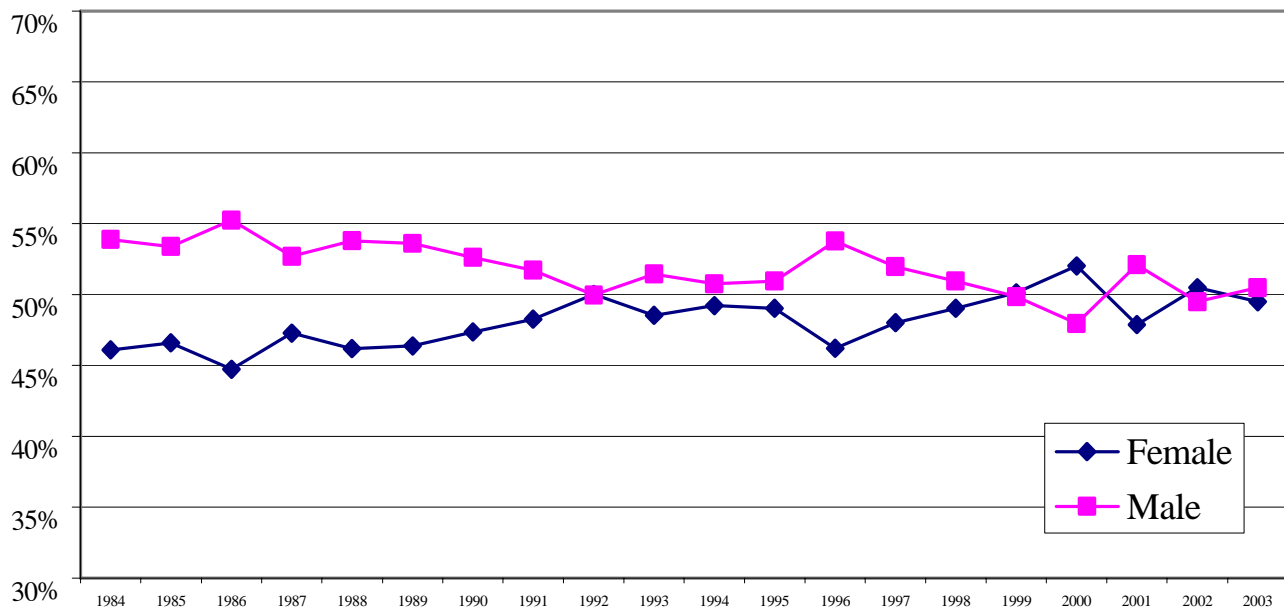
Leading Causes of Death

The five leading causes of death in 2003 for South Dakota residents were heart disease, cancer, cerebrovascular diseases, accidents, and chronic lower respiratory diseases.

Heart disease accounted for 27.3 percent of South Dakota's 2003 resident deaths. Heart disease was the leading cause of death for South Dakota residents for men and women alike as well as whites and American Indians. Figure 8, below, illustrates that since 1984 women

accounted for over 40 percent of the South Dakota resident heart disease deaths and since 1999 women have had more deaths than men on two occasions. In 2003, men had a higher percentage of deaths due to heart disease than women. The American Heart Association (AHA) also reports the controllable risk factors that can reduce the risk of heart disease for both men and women include avoiding tobacco, maintaining a low-fat diet and engaging in regular physical activity (2).

Figure 8
Percent of South Dakota Resident Heart Disease Deaths
by Gender, 1984 - 2003



Source: South Dakota Department of Health

Cancer was the second leading cause of death and accounted for 23.1 percent of 2003 South Dakota resident deaths. The American Cancer Society states that while different cancers have different risk factors, it is advisable to avoid tobacco and strong sunlight while eating right, staying active, and maintaining a healthy weight (4).

Cerebrovascular diseases accounted for 6.7 percent of 2003 South Dakota resident deaths. Stroke, not specified as hemorrhage or infarction, caused the majority of the deaths for this type of disease. The National Stroke Association (NSA) reports that lifestyle changes such as preventing or treating high blood pressure, preventing or controlling

diabetes, preventing or managing heart disease, avoiding cigarette smoking, and controlling alcohol consumption and weight would decrease the number of strokes (5).

Accidents caused 5.5 percent of all South Dakota resident deaths in 2003. The two most common types of accidental deaths during the year were motor vehicle accidents causing 55.1 percent and falls accounting for 21.5 percent of accidents.

Chronic lower respiratory disease accounted for 5.3 percent of 2003 South Dakota resident deaths. Chronic lower respiratory diseases include emphysema

and chronic bronchitis. The primary cause of these diseases is cigarette smoking (3).

Mortality Patterns

Table 29, below, presents South Dakota resident leading causes of death by race. In 2003, patterns for the 10 leading causes of death varied by race. Seven of the 10 leading causes were the same for whites and American Indians, but they differed by rank. For example, cerebrovascular disease was the third leading cause of death at 7.0 percent for the white population, but seventh leading cause of death for the American Indian

Table 29
South Dakota Resident Leading Causes of Death
by Race, 2003

Cause of Death	All Races			White			American Indian		
	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent
South Dakota (All Deaths)		7,109	100.0		6,543	100.0		535	100.0
Heart Disease.....(I00-I09, I11, I13, I20-I51)	1	1,942	27.3	1	1,829	28.0	1	106	19.8
Malignant Neoplasms (cancer)(C00-C97)	2	1,645	23.1	2	1,573	24.0	3	70	13.1
Cerebrovascular Diseases(I60-I69)	3	475	6.7	3	461	7.0	7	14	2.6
Accidents.....(V01-X59, Y85-Y86)	4	390	5.5	5	296	4.5	2	87	16.3
Chronic Lower Respiratory Diseases(J40-J47)	5	379	5.3	4	362	5.5	6	16	3.0
Influenza and Pneumonia.....(J10-J18)	6	223	3.1	6	210	3.2	*	*	*
Diabetes Mellitus(E10-E14)	7	201	2.8	7	174	2.7	4	26	4.9
Alzheimer's Disease(G30)	8	175	2.5	7	174	2.7	*	*	*
Organic, Including Symptomatic, Mental Disorders.....(F00-F09)	9	159	2.2	9	154	2.4	*	*	*
Nephritis, Nephrotic Syndrome, and Nephrosis.....(N00-N07, N17-N19, N25-N27)	10	131	1.8	10	117	1.8	7	14	2.6
Chronic Liver Disease and Cirrhosis(K70, K73-K74)	*	*	*	*	*	*	5	26	4.9
Intentional Self-Harm (suicide)(X60-X84, Y87.0)	*	*	*	*	*	*	7	14	2.6
Congenital Malformations, Deformations, and Chromosomal Abnormalities(Q00-Q99)	*	*	*	*	*	*	7	14	2.6
All Other Causes	-	1,389	19.5	-	1,193	18.2	-	148	27.7

Note: Letter / number combinations following cause of death are ICD-10 codes.
Due to rounding, disease-specific death rates may not sum to state death rate.
* This cause was not one of the ten leading causes of death for this race group.
Source: South Dakota Department of Health

population at 2.6 percent. Alzheimer's disease, organic, including symptomatic, mental disorders and influenza and pneumonia are in the 10 leading causes of death for the white population, but not the American Indian population. Among the 10 leading causes of death for the American Indian population, but not for the white population were chronic liver disease, intentional self-harm (suicide), and congenital malformations, deformations, and chromosomal abnormalities.

In 2003, patterns for the 10 leading causes of death also varied by gender in South Dakota (Table 30, below). Eight of the 10 leading causes were the same for South Dakota's men and women, but they differed in rank. Intentional self-

harm (suicide) and chronic liver disease and cirrhosis were among the 10 leading causes of death for South Dakota's men, but not for women.

Likewise, Alzheimer's disease and organic, including symptomatic, mental disorders were among the 10 leading causes of death for South Dakota's women, but not for South Dakota's men. Men were also more likely to die in accidents than women were, while women were more likely to die from cerebrovascular disease than men.

When ranked together, intentional self-harm (suicide) and chronic liver disease and cirrhosis were not in the top 10 but when broken out by gender they were the eighth and tenth leading cause of death for men, respectively.

Table 30
South Dakota Resident Leading Causes of Death
by Gender, 2003

Cause of Death	All			Male			Female		
	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent
South Dakota (All Deaths)		7,109	100.0		3,554	100.0		3,555	100.0
Heart Disease.....(I00-I09, I11, I13, I20-I51)	1	1,942	27.3	1	981	27.6	1	961	27.0
Malignant Neoplasm (cancer).....(C00-C97)	2	1,645	23.1	2	859	24.2	2	786	22.1
Cerebrovascular Diseases(I60-I69)	3	475	6.7	5	189	5.3	3	286	8.0
Accidents.....(V01-X59, Y85-Y86)	4	390	5.5	3	252	7.1	5	138	3.9
Chronic Lower Respiratory Diseases(J40-J47)	5	379	5.3	4	212	6.0	4	167	4.7
Influenza and Pneumonia.....(J10-J18)	6	223	3.1	7	91	2.6	7	132	3.7
Diabetes Mellitus.....(E10-E14)	7	201	2.8	6	100	2.8	9	101	2.8
Alzheimer's Disease(G30)	8	175	2.5	*	*	*	6	133	3.7
Organic, Including Symptomatic, Mental Disorders.....(F00-F09)	9	159	2.2	*	*	*	8	116	3.3
Nephritis, Nephrotic Syndrome, and Nephrosis...(N00-N07, N17-N19, N25-N27)	10	131	1.8	9	73	2.1	10	58	1.6
Intentional Self-Harm (suicide)(X60-X84, Y87.0)	*	*	*	8	84	2.4	*	*	*
Chronic Liver Disease and Cirrhosis(K70 & K73-K74)	*	*	*	10	47	1.3	*	*	*
All Other Causes	-	1,389	19.5	-	666	18.7	-	677	19.0

Note: Letter / number combinations following cause of death are ICD-10 codes.
Due to rounding, disease-specific death rates may not sum to state death rate.
* This cause was not one of the ten leading causes of death for this gender.

Source: South Dakota Department of Health

Table 31, below, lists the five leading causes of death by age group. Excluding infants, accidents were the leading cause of death to age 44. The leading cause of death

for the 45 to 54, and 55 to 64 age groups was cancer. Heart disease was the leading cause of death for the 65 and over age group.

Table 31
South Dakota Resident Five Leading Causes of Death
by Age Group, 2003

Rank	All Ages	Under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65 & Over
1	Heart Disease 1,942	Congenital Anomalies 26	Accidents 14	Accidents 15	Accidents 56	Accidents 44	Accidents 44	Malignant Neoplasms (cancer) 117	Malignant Neoplasms (cancer) 223	Heart Disease 1,653
2	Malignant Neoplasms (cancer) 1,645	Sudden Infant Death Syndrome 14	Congenital Anomalies 3	Malignant Neoplasms (cancer) 5	Intentional Self-Harm (suicide) 22	Intentional Self-Harm (suicide) 17	Malignant Neoplasms (cancer) 37	Heart Disease 93	Heart Disease 154	Malignant Neoplasms (cancer) 1,241
3	Cerebro-vascular Diseases 475	Short Gestation and Low Birth Weight 6	Assault (homicide) 3	Septicemia 3	Malignant Neoplasms (cancer) 9	Malignant Neoplasms (cancer) 13	Heart Disease 31	Accidents 64	Chronic Lower Respiratory Diseases 29	Cerebro-vascular Diseases 430
4	Accidents 390	Complications of Placenta, Cord, and Membranes 3	*	*	Assault (homicide) 5	Heart Disease 6	Intentional Self-Harm (suicide) 24	Chronic Liver Disease and Cirrhosis 23	Accidents 27	Chronic Lower Respiratory Diseases 339
5	Chronic Lower Respiratory Diseases 379	Accidents 3	*	*	Congenital Anomalies 4	Legal Intervention 3	Chronic Liver Disease and Cirrhosis 10	Intentional Self-Harm (suicide) 20	Diabetes Mellitus 23	Influenza and Pneumonia 203

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Table 32, page 44, shows the median age at death for South Dakota residents from the leading causes of death by race and gender. In 2003, the median age at death was 79 for all South Dakotans; for white residents the median age was 80, compared to 57 for American Indians. The overall median age at death

increased by 1 year for both whites and American Indians when compared to their overall median age at death in 2002. The median age at death in 2003 for South Dakota resident males and females was 76 and 83, respectively. This has not changed in the last four years.

Table 32
Median Age at Death for South Dakota Residents from the Leading Causes of Death
by Race and Gender, 2003

Cause of Death	Median Age at Death in Years				
	All	Race		Gender	
	Total Deaths	White	American Indian	Male	Female
South Dakota (All Deaths)	79	80	57	76	83
Heart Disease (I00-I09, I11, I13, I20-I51)	83	83	65	79	87
Malignant Neoplasms (cancer) (C00-C97)	75	75	68	75	75
Cerebrovascular Diseases (I60-I69)	84	84	67	81	86
Accidents (V01-X59, Y85-Y86)	47	53	30	46	54
Chronic Lower Respiratory Diseases (J40-J47)	78	79	71	77	80
Influenza and Pneumonia (J10-J18)	87	87	*	86	88
Diabetes Mellitus (E10-E14)	78	79	68	75	80
Alzheimer's Disease (G30)	88	88	*	*	89
Organic, Including Symptomatic, Mental Disorders (F00-F09)	90	90	*	*	90
Nephritis, Nephrotic Syndrome, and Nephrosis (N00-N07, N17-N19, N25-N27)	83	85	65	82	83
Chronic Liver Disease and Cirrhosis (K70, K73-K74)	*	*	52	56	*
Intentional Self-Harm (suicide) (X60-X84, Y87.0)	*	*	28	41	*
Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)	*	*	**	*	*
All Other Causes	78	80	54	78	82

Note: Letter / number combinations following cause of death are ICD-10 codes.

*This cause was not one of the ten leading causes of death for this race or gender.

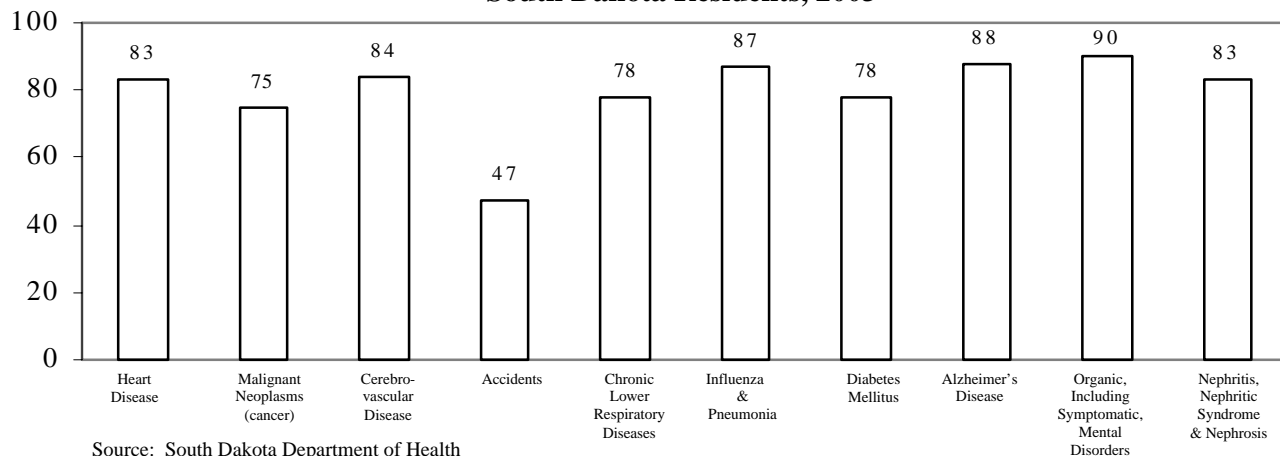
**Cells with less than 3 events.

Source: South Dakota Department of Health

Figure 9, below, presents data on the median age at death for the 10 leading

causes of death for South Dakota residents in 2003.

Figure 9
Median Age at Death for the Ten Leading Causes of Death,
South Dakota Residents, 2003

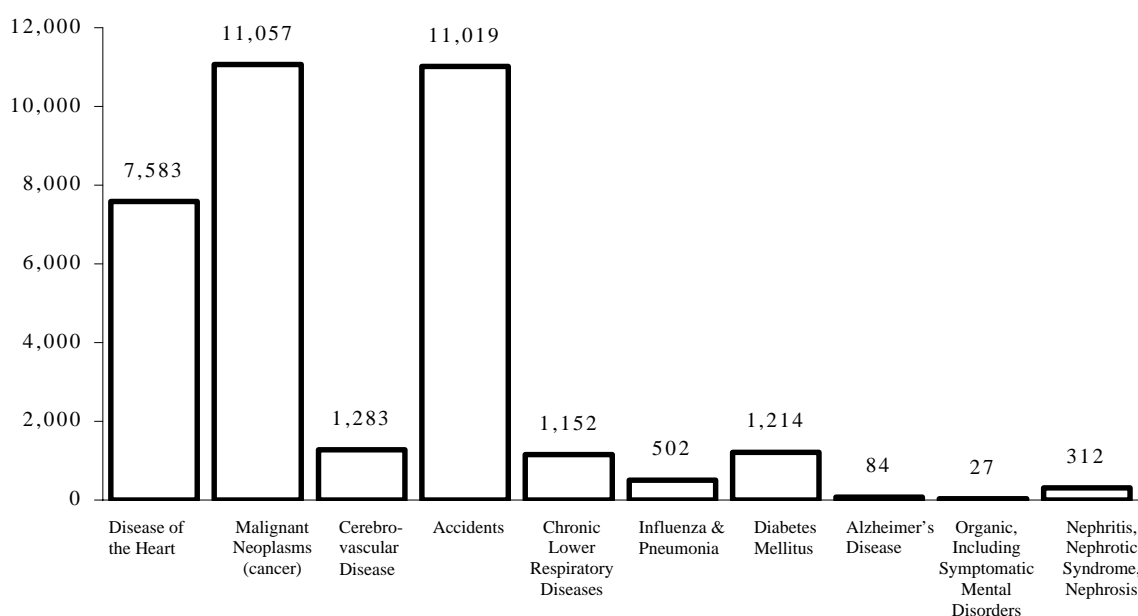


Source: South Dakota Department of Health

Figure 10, below, depicts the years of potential life lost (YPLL) before age 75 for each of these causes. Please refer to page 218 of the technical notes section for an explanation of how YPLL before

age 75 is calculated. Cancers lead in YPLL (11,057 years) because many of the decedents were at a relatively young age at the time of death.

Figure 10
Years of Potential Life Lost (YPLL) Before Age 75
for the Ten Leading Causes of Death,
South Dakota Residents, 2003



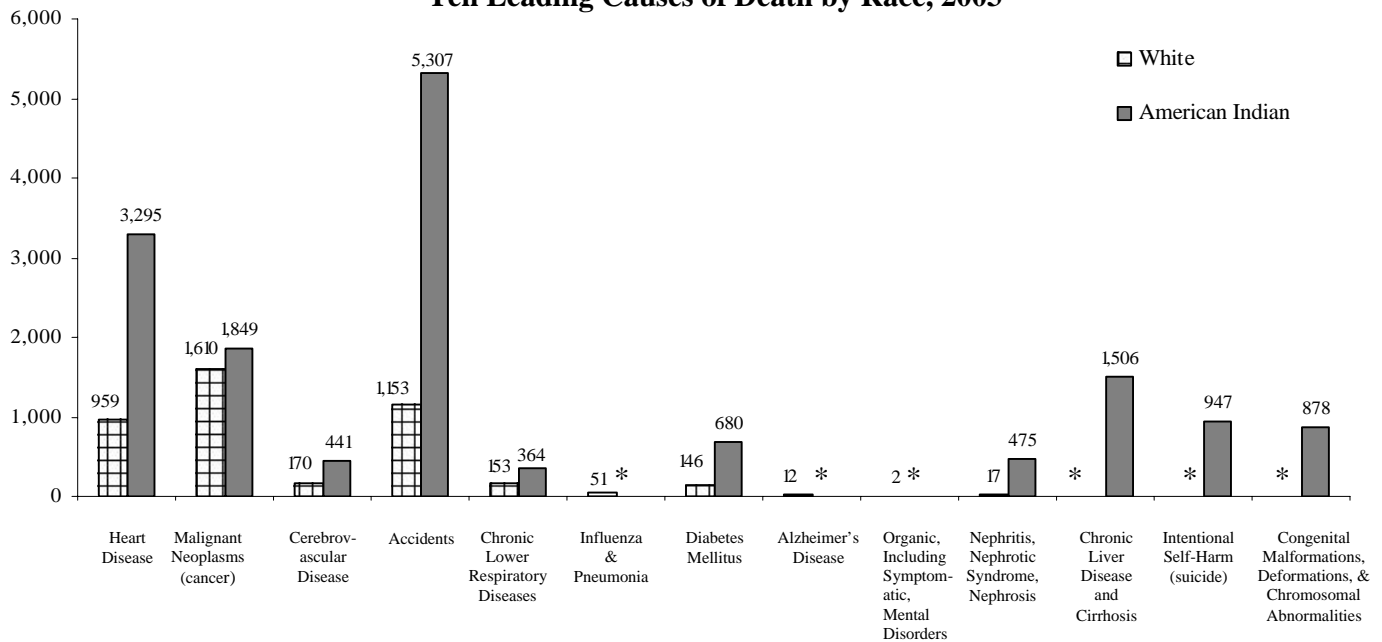
Source: South Dakota Department of Health

Figure 11, on the next page, illustrates the years of potential life lost (YPLL) before the age 75 per 100,000 population for the top 10 causes of death by race. When comparing YPLL by race, American Indians exceed whites substantially in YPLL for almost all causes of death.

American Indians' largest YPLL was accidents with 5,307 years while whites' largest YPLL was cancer with

1,610 years. Whites' second largest YPLL was accidents with 1,153 years while American Indians' second largest YPLL was heart disease with 3,295 years. Whites' third largest YPLL was heart disease with 959 years. Cancer was the third largest YPLL for American Indians with 1,849 years which still exceeded whites' largest YPLL (cancer).

Figure 11
Age-Adjusted Years of Potential Life Lost (YPLL) Before Age 75 for the
Ten Leading Causes of Death by Race, 2003



Note: Years of potential life lost are age-adjusted per 100,000 population.
 * This cause was not one of the ten leading causes of death for this race group.
 Source: South Dakota Department of Health

Table 33, on the next page, lists South Dakota resident leading causes of death for the last five years. Heart disease, cancer, and cerebrovascular diseases have been the first, second, and third cause of death for the past five years. Chronic lower respiratory diseases and accidents have been fourth and fifth for the past five years. Influenza and pneumonia was ranked sixth every year except in 2001 when it was seventh. Diabetes mellitus was ranked seventh every year except in 2000 when it was eighth and in 2001 it was sixth. Alzheimer's disease was ranked eighth every year except in 2000 when it was seventh. Organic

including symptomatic, medical disorders was ranked ninth every year except in 2000 when it was tenth. Nephritis, nephritic syndrome, and nephrosis was ranked tenth the last two years. The five years also differ in which diseases are included in the top 10. For example, nephritis, nephrotic syndrome, and nephrosis is not included in the top 10 list for 2001 and 1999, however it ranks tenth in 2003 and 2002 and ninth in 2000. On the other hand, intentional self-harm ranks number 10 in 2001 and 1999 but it is not included in 2003, 2002, and 2000.

Table 33
South Dakota Resident Leading Causes of
Death, 1999-2003

Cause of Death	Total			2003			2002			2001			2000			1999		
	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent	Rank	Deaths	Percent
South Dakota (All Deaths)		34,865	100.0		7,109	100.0		6,886	100.0		6,915	100.0		7,014	100.0		6,941	100.0
Heart Disease(I00-I09, I11, I13, I20-I51)	1	9,980	28.6	1	1,942	27.3	1	1,933	28.1	1	1,984	28.7	1	2,105	30.0	1	2,016	29.0
Malignant Neoplasms (cancer).....(C00-C97)	2	8,043	23.1	2	1,645	23.1	2	1,561	22.7	2	1,598	23.1	2	1,604	22.9	2	1,635	23.6
Cerebrovascular Diseases(I60-I69)	3	2,589	7.4	3	475	6.7	3	518	7.5	3	491	7.1	3	561	8.0	3	544	7.8
Chronic Lower Respiratory Diseases.....(J40-J47)	4	1,846	5.3	5	379	5.3	4	382	5.5	5	360	5.2	4	387	5.5	5	338	4.9
Accidents(V01-X59, Y85-Y86)	5	1,774	5.1	4	390	5.9	5	344	5.0	4	382	5.5	5	318	4.5	4	340	4.9
Influenza and Pneumonia(J10-J18)	6	1,118	3.2	6	223	3.1	6	239	3.5	7	186	2.7	6	208	3.0	6	262	3.8
Diabetes Mellitus(E10-E14)	7	978	2.8	7	201	2.8	7	193	2.8	6	210	3.0	8	179	2.6	7	195	2.8
Alzheimer's Disease(G30)	8	839	2.4	8	175	2.5	8	169	2.5	8	159	2.3	7	180	2.6	8	156	2.2
Organic, Including Symptomatic, Mental Disorders.....(F00-F09)	9	699	2.0	9	159	2.2	9	144	2.1	9	135	2.0	10	125	1.8	9	136	2.0
Nephritis, Nephrotic Syndrome, and Nephrosis(N00-N07, N17-N19, N25-N27)	10	590	1.7	10	131	1.8	10	128	1.9	*	*	*	9	130	1.9	*	*	*
Intentional Self-Harm (suicide)(X60-X84, Y87.0)	*	*	*	*	*	*	*	*	*	10	108	1.6	*	*	*	10	103	1.5
All Other Causes		6,409	18.4		1,389	19.5		1,275	18.5		1,302	18.8		1,217	17.4		1,216	17.5

Note: Letter/number combinations following cause of death are ICD-10 codes.
 Due to rounding disease-specific death rates may not sum to state death rate.
 *This cause was not one of the ten leading causes of death for this group.

Source: South Dakota Department of Health

Table 34, below and page 49, and Table 35, pages 50 and 51, display South Dakota resident deaths for 15 leading causes and selected components from 1999 to 2003.

Table 34 illustrates the number of deaths by causes and components, while Table 35 illustrates the same causes and components by crude death rates.

Table 34
South Dakota Resident Deaths for 15 Leading Causes
and Selected Components, 1999-2003

Cause of Death	Total	2003	2002	2001	2000	1999
All Causes	34,865	7,109	6,886	6,915	7,014	6,941
Disease of the Heart	9,980	1,942	1,933	1,984	2,105	2,016
Acute Myocardial Infarction	3,519	697	633	685	739	765
All Other Forms of Chronic Ischemic Heart Disease	3,038	594	593	601	647	603
Heart Failure	1,052	185	207	218	246	196
Atherosclerotic Cardiovascular Disease	654	119	120	142	132	141
Hypertensive Heart Disease	105	23	20	22	24	16
Acute Rheumatic Fever and Chronic Rheumatic Heart Diseases	60	13	11	7	9	20
All Other Forms of Heart Disease	1,552	311	349	309	308	275
Malignant Neoplasms (cancer)	8,043	1,645	1,561	1,598	1,604	1,635
Trachea, Bronchus, and Lung	2,030	406	403	414	396	411
Colon, Rectum, and Anus	915	176	168	179	207	185
Female Breast	558	120	109	88	129	112
Prostate	547	106	109	115	101	116
Pancreas	458	95	85	99	82	97
Non-Hogkin's Lymphoma	383	68	54	83	94	84
Leukemia	359	80	67	72	66	74
Ovary	246	46	53	47	42	58
Meninges, Brain, and Other Parts of Central Nervous System	242	53	44	39	47	59
Multiple Myeloma and Immunoproliferative	190	43	42	32	45	28
Kidney and Renal Pelvis	188	39	35	44	36	34
Bladder	171	40	39	36	25	31
Esophagus	165	41	31	35	29	29
Liver and Intrahepatic Bile Ducts	151	29	30	36	24	32

Source: South Dakota Department of Health

Table 34 (Cont.)
South Dakota Resident Deaths for 15 Leading Causes
and Selected Components, 1999-2003

Cause of Death	Total	2003	2002	2001	2000	1999
Stomach	138	22	33	27	29	27
Lip, Oral Cavity, and Pharynx	109	20	25	20	23	21
Melanoma of Skin	108	33	16	25	16	18
Corpus Uteri and Uterus, Part Unspecified	104	22	18	34	15	15
Larynx	46	12	10	6	8	10
Cervix Uteri	45	9	10	8	10	8
Ill-Defined, Secondary, and Unspecified Sites	411	76	87	77	81	90
All Other Cancers	479	109	93	82	99	96
Cerebrovascular Diseases	2,589	475	518	491	561	544
Chronic Lower Respiratory Diseases	1,846	379	382	360	387	338
Accidents	1,774	390	344	382	318	340
Motor Vehicle Accidents	931	215	185	187	177	167
All Other Accidents	843	175	159	195	141	173
Influenza and Pneumonia	1,118	223	239	186	208	262
Diabetes Mellitus	978	201	193	210	179	195
Alzheimer's Disease	839	175	169	159	180	156
Organic, Including Symptomatic, Mental Disorders	699	159	144	135	125	136
Nephritis, Nephrotic Syndrome, and Nephrosis	590	131	128	102	130	99
Intentional Self-Harm (suicide)	503	103	94	108	95	103
Chronic Liver Disease and Cirrhosis	402	81	77	81	82	81
Septicemia	319	69	68	69	50	63
Aortic Aneurysm and Dissection	286	54	62	56	58	56
Parkinson's Disease	269	56	60	55	56	42

Source: South Dakota Department of Health

Table 35
South Dakota Resident Crude Death Rates for 15 Leading Causes
and Selected Components, 1999-2003

Cause of Death	Total	2003	2002	2001	2000	1999
All Causes	923.8	941.8	912.2	916.1	929.2	919.5
Disease of the Heart	264.4	257.3	256.1	262.8	278.9	267.1
Acute Myocardial Infarction	93.2	92.3	83.9	90.7	97.9	101.3
All Other Forms of Chronic Ischemic Heart Disease	80.5	78.7	78.6	79.6	85.7	79.9
Heart Failure	27.9	24.5	27.4	28.9	32.6	26.0
Atherosclerotic Cardiovascular Disease	17.3	15.8	15.9	18.8	17.5	18.7
Hypertensive Heart Disease	2.8	3.0	2.6	2.9	3.2	2.1
Acute Rheumatic Fever and Chronic Rheumatic Heart Diseases	1.6	1.7	1.5	0.9	1.2	2.6
All Other Forms of Heart Disease	41.1	41.2	46.2	40.9	40.8	36.4
Malignant Neoplasms (cancer)	213.1	217.9	206.8	211.7	212.5	216.6
Trachea, Bronchus, and Lung	53.8	53.8	53.4	54.8	52.5	54.4
Colon, Rectum, and Anus	24.2	23.3	22.3	23.7	27.4	24.5
Female Breast	29.3	31.6	28.7	23.1	33.9	29.5
Prostate	29.2	28.3	29.1	30.7	27.0	31.0
Pancreas	12.1	12.6	11.3	13.1	10.9	12.9
Non-Hogkin's Lymphoma	10.1	9.0	7.2	11.0	12.5	11.1
Leukemia	9.5	10.6	8.9	9.5	8.7	9.8
Ovary	12.9	12.1	13.9	12.4	11.0	15.3
Meninges, Brain, and Other Parts of Central Nervous System	6.4	7.0	5.8	5.2	6.2	7.8
Multiple Myeloma and Immunoproliferative	5.0	5.7	5.6	4.2	6.0	3.7
Kidney and Renal Pelvis	5.0	5.2	4.6	5.8	4.8	4.5
Bladder	4.5	5.3	5.2	4.8	3.3	4.1
Esophagus	4.4	5.4	4.1	4.6	3.8	3.8
Liver and Intrahepatic Bile Ducts	4.0	3.8	4.0	4.8	3.2	4.2

Note: Crude death rates are per 100,000 population and based on the 2000 census.
Source: South Dakota Department of Health

Table 35 (Cont.)
South Dakota Resident Crude Death Rates for 15 Leading Causes and Selected Components, 1999-2003

Cause of Death	Total	2003	2002	2001	2000	1999
Stomach	3.7	2.9	4.4	3.6	3.8	3.6
Lip, Oral Cavity, and Pharynx	2.9	2.6	3.3	2.6	3.0	2.8
Melanoma of Skin	2.9	4.4	2.1	3.3	2.1	2.4
Corpus Uteri and Uterus, Part Unspecified	5.5	5.8	4.7	8.9	3.9	3.9
Larynx	1.2	1.6	1.3	0.8	1.1	1.3
Cervix Uteri	2.4	2.4	2.6	2.1	2.6	2.1
Ill-Defined, Secondary, and Unspecified Sites	10.9	10.1	11.5	10.2	10.7	11.9
All Other Cancers	12.7	14.4	12.3	10.9	13.1	12.7
Cerebrovascular Diseases	68.6	62.9	68.6	65.0	74.3	72.1
Chronic Lower Respiratory Disease	48.9	50.2	50.6	47.7	51.3	44.8
Accidents	47.0	51.7	45.6	50.6	42.1	45.0
Motor Vehicle Accidents	24.7	28.5	24.5	24.8	23.4	22.1
All Other Accidents	22.3	23.2	21.1	25.8	18.7	22.9
Influenza and Pneumonia	29.6	29.5	31.7	24.6	27.6	34.7
Diabetes Mellitus	25.9	26.6	25.6	27.8	23.7	25.8
Alzheimer's Disease	22.2	23.2	22.4	21.1	23.8	20.7
Organic, Including Symptomatic, Mental Disorders	18.5	21.1	19.1	17.9	16.6	18.0
Nephritis, Nephrotic Syndrome, and Nephrosis	15.6	17.4	17.0	13.5	17.2	13.1
Intentional Self-Harm (suicide)	13.3	13.6	12.5	14.3	12.6	13.6
Chronic Liver Disease and Cirrhosis	10.7	10.7	10.2	10.7	10.9	10.7
Septicemia	8.5	9.1	9.0	9.1	6.6	8.3
Aortic Aneurysm and Dissection	7.6	7.2	8.2	7.4	7.7	7.4
Parkinson's Disease	7.1	7.4	7.9	7.3	7.4	5.6

Note: Crude death rates are per 100,000 population and based on the 2000 census.
Source: South Dakota Department of Health

Table 36, below and page 53, displays age adjusted rates in South Dakota for the 15 leading causes and selected components.

The age adjusted rate for all causes of death in 2003 is 819.2 which is up from the age adjusted rate in 2002 of 791.0.

Table 36
South Dakota Resident Age-Adjusted Death Rates
for 15 Leading Causes and Selected Components,
2003

Cause of Death	Age-Adjusted Rate
All Causes	819.2
Disease of the Heart	217.3
Acute Myocardial Infarction	80.3
All Other Forms of Chronic Ischemic Heart Disease	65.6
Heart Failure	19.5
Atherosclerotic Cardiovascular Disease	12.5
Hypertensive Heart Disease	2.4
Acute Rheumatic Fever and Chronic Rheumatic Heart Diseases	1.5
Hypertensive Heart and Renal Disease	0.4
Diseases of Pericardium and Acute Myocarditis	0.4
Acute and Subacute Endocarditis	0.3
All Other Forms of Heart Disease	34.3
Malignant Neoplasms (cancer)	197.1
Trachea, Bronchus, and Lung	49.0
Colon, Rectum, and Anus	20.7
Female Breast	27.2
Prostate	31.4
Pancreas	11.2
Leukemia	9.6
Non-Hogkin's Lymphoma	7.8
Meninges, Brain, and Other Parts of Central Nervous System	6.8
Ovary	10.0
Multiple Myeloma and Immunoproliferative	5.2
Esophagus	5.1
Bladder	4.6
Kidney and Renal Pelvis	4.8
Melanoma of Skin	4.1
Liver and Intrahepatic Bile Ducts	3.6
Stomach	2.7
Corpus Uteri and Uterus, Part Unspecified	4.5
Lip, Oral Cavity, and Pharynx	2.5
Larynx	1.5

Note: Age-adjusted rates are computed with the 2000 standard.
Source: South Dakota Department of Health

Table 36 (Cont.)
South Dakota Resident Age-Adjusted Death Rates
for 15 Leading Causes and Selected Components,
2003

Cause of Death	Age-Adjusted Rate
Cervix Uteri	2.2
Hodgkin's Disease	1.1
Ill-Defined, Secondary, and Unspecified Sites	8.9
All Other Cancers	12.3
Cerebrovascular Diseases	51.9
Accidents	49.8
Motor Vehicle Accidents	28.5
All Other Accidents	21.3
Chronic Lower Respiratory Diseases	43.8
Influenza and Pneumonia	23.7
Diabetes Mellitus	23.6
Alzheimer's Disease	18.1
Organic, Including Symptomatic, Mental Disorders	16.2
Nephritis, Nephritic Syndrome, and Nephrosis	14.3
Intentional Self-Harm (suicide)	13.8
Chronic Liver Disease and Cirrhosis	10.8
Septicemia	7.9
Parkinson's Disease	6.2
Aortic Aneurysm and Dissection	6.1

Note: Age-adjusted rates are computed with the 2000 standard.
Source: South Dakota Department of Health

Table 37, on the next page, displays the breakdown of accidental deaths for the last five years. In 2003, there were 390 accidental deaths. There are two main types of accidental death, motor vehicle or other causes of accidental death.

The highest motor vehicle death in 2003 was car occupant with 112 deaths. The highest death in the other causes of accidental death in 2003 was falls with 84 deaths.

Table 37
South Dakota Resident Leading Causes of Death Due to Accidents, 1999-2003

	Total	Year of Death				
		2003	2002	2001	2000	1999
Total Deaths	1,774	390	344	382	318	340
Motor Vehicle Accidents.....	931	215	185	187	177	167
Car Occupant.....(V40-V49)	524	112	106	95	107	104
Occupant of Pick-Up Truck or Van.....(V50-V59)	167	44	37	36	22	28
Pedestrian.....(V01-V09)	79	14	11	17	21	16
Motorcycle Rider.....(V20-V29)	56	14	12	13	10	7
Occupant of Special All-Terrain Vehicle.....(V86)	44	11	9	11	6	7
All Other Motor Vehicle Accidents	61	20	10	15	11	5
Other Causes of Accidental Death.....	843	175	159	195	141	173
Falls.....(W00-W19)	373	84	74	99	50	66
Accidental Threats to Breathing (excl. drowning).....(W75-W84)	70	14	10	18	17	11
Accidental Poisoning(X40-X49)	61	13	17	9	10	12
Accidental Drowning and Submersion.....(W65-W74, V90, V92)	59	11	7	9	15	17
Exposure to Smoke, Fire, and Flames.....(X00-X09)	48	10	11	11	7	9
Air Transport Accidents(V95.0-V95.3, V95.8-V95.9, & V96-V97)	29	*	10	4	7	6
Accidental Discharge of Firearms(W32-W34)	22	7	5	*	3	5
Exposure to Excessive Natural Cold.....(X31)	20	4	4	*	6	4
Contact with Agricultural Machinery.....(W30)	16	3	4	*	3	4
All Other Causes of Accidents	145	27	17	39	23	39

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Method of Disposition

Table 38, on the next page, displays the different methods of disposition for the last 10 years. The top disposition in 2003 was burial with 5,675 deaths. The second highest method of disposition in 2003 was cremation with 1,321 deaths.

Since 1994, burial has been the highest method of disposition chosen

and cremation has been the second highest method of disposition chosen.

Cremation has also been on a steady increase since 1994. In 1994, cremation accounted for 9.0 percent of dispositions and in 2003 for 18.6 percent. This led to a 106.7 percent increase from 1994 to 2003 in cremation.

Table 38
South Dakota Resident Deaths by Disposition, 1994-2003

Year	Type of Disposition					
	Total Deaths	Burial	Cremation	Removal from State	Donation	Other
2003	7,109	5,675	1,321	76	26	8
2002	6,886	5,627	1,148	72	24	11
2001	6,915	5,700	1,102	79	20	10
2000	7,014	5,859	1,038	86	20	8
1999	6,941	5,825	938	141	21	11
1998	6,850	5,808	829	175	25	5
1997	6,855	5,882	761	182	19	6
1996	6,793	5,843	720	209	16	*
1995	6,901	6,019	587	263	20	*
1994	6,724	5,845	607	245	21	3

Note: Failure of deaths to add to add to total is due to not stated disposition.
Source: South Dakota Department of Health

Induced Abortion



Induced Abortion

According to South Dakota Codified Law 34-23A-34 to 34-23A-45, physicians be required to submit to the Department of Health the Report of Induced Abortion forms a Voluntary and Informed Consent Form for all abortions, and a Parental Notice Form where applicable. These forms can be seen in the Appendix A on pages 226-228.

An Overview: 2003

Total Induced Abortions Performed in South Dakota	819
Total Induced Abortions Performed in South Dakota on South Dakota Residents	680

Patient Information

There were 819 abortions performed in South Dakota in 2003, down from the 826 abortions performed in 2002. Of the 819 abortions performed in South Dakota, 680 or 83 percent were

performed on South Dakota residents, the same percentage as in 2002. Table 39, below, provides the residence and age breakdown for the abortions performed in South Dakota.

Table 39
Induced Abortions Occurring in South Dakota by Patient's State of Residence and Age, 2003

	Total	AGE OF PATIENT					
		0-17	18-19	20-24	25-29	30-34	35 +
Number	819	66	103	286	162	105	97
Percent	100	8.1	12.6	34.9	19.8	12.8	11.8
<u>State of Residence</u>							
South Dakota	680	50	84	239	138	89	80
Minnesota	74	7	10	24	18	6	9
Iowa	46	9	7	15	4	7	4
Other	19	*	*	8	*	3	4

Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Table 40
South Dakota Resident Induced Abortions Occurring in South
Dakota by Patient's Resident County, 2003

County	Induced Abortions	County	Induced Abortions
Aurora	---	Hyde	---
Beadle	---	Jackson	---
Bennett	---	Jerauld	---
Bon Homme	---	Jones	---
Brookings	36	Kingsbury	---
Brown	15	Lake	---
Brule	---	Lawrence	13
Buffalo	---	Lincoln	29
Butte	---	Lyman	---
Campbell	---	McCook	---
Charles Mix	---	McPherson	---
Clark	---	Marshall	---
Clay	14	Meade	10
Codington	18	Mellette	---
Corson	---	Miner	---
Custer	---	Minnehaha	279
Davison	18	Moody	---
Day	---	Pennington	97
Deuel	---	Perkins	---
Dewey	---	Potter	---
Douglas	---	Roberts	---
Edmunds	---	Sanborn	---
Fall River	---	Shannon	---
Faulk	---	Spink	---
Grant	---	Stanley	---
Gregory	---	Sully	---
Haakon	---	Todd	16
Hamlin	---	Tripp	---
Hand	---	Turner	---
Hanson	---	Union	---
Harding	---	Walworth	---
Hughes	---	Yankton	18
Hutchinson	---	Ziebach	---

Source: South Dakota Department of Health

Table 41
South Dakota Resident Induced
Abortions Occurring in South Dakota
by Patient's Resident City, 2003

Resident City	Number
Aberdeen	15
Brandon	12
Brookings	31
Mission	11
Mitchell	18
Rapid City	85
Sioux Falls	264
Spearfish	10
Vermillion	14
Watertown	18
Yankton	16
All Other	186
Total	680

Source: South Dakota Department of Health

Table 40, above, shows the breakdown of abortions by county of residence and Table 41, at right, shows the breakdown of abortions by city for 2003.

NOTE: To protect the privacy of the patient, only counties or cities with at least 10 events are included in each table.

Table 42, below, indicates that women age 20-24 comprise the largest percentage of the induced abortions performed in South Dakota with 34.9 percent of the abortions. Women ages 25-29 comprise the next largest percent with 19.8 percent of abortions in South Dakota. This is also true for South Dakota residents where women age 20-24 received 35.1 percent and

women ages 25-29 received 20.3 percent of the induced abortions performed in South Dakota to South Dakota residents.

Table 43, below, indicates that of the abortions that occurred in South Dakota, 86.3 percent were white, while 7.7 percent were American Indian.

Table 42
Induced Abortions Occurring in South Dakota by Age and
South Dakota Resident Induced Abortions by Age, 2003

Patient's Age	Occurring in South Dakota		South Dakota Residents	
	Number	Percent	Number	Percent
< 15	7	0.9	6	0.9
15-17	59	7.2	44	6.5
18 – 19	103	12.6	84	12.3
20 – 24	286	34.9	239	35.1
25 – 29	162	19.8	138	20.3
30 – 34	105	12.8	89	13.1
35 – 39	79	9.6	68	10.0
40 +	18	2.2	12	1.8
TOTAL	819	100.0	680	100.0

Source: South Dakota Department of Health

Table 43
Induced Abortions Occurring in South Dakota by Patient's Age and Race, 2003

Patient's Age	Total	Patients' Race		
		White	American Indian	Other
Number	819	707	63	48
Percent	100.0	86.3	7.7	5.9
<= 14	*	*	*	*
15-17	*	*	*	*
18-19	*	*	*	*
20-24	*	*	*	*
25-29	*	*	*	*
30-34	*	*	*	*
35-39	*	*	*	*
40 +	*	*	*	*

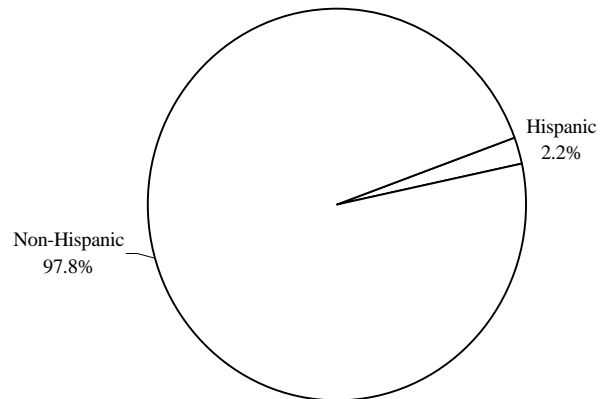
Note: *As a result of Health Insurance Portability Accountability Act, race was only reported in the aggregate. Failure of the races to add to the total is due to unknown races.

Source: South Dakota Department of Health

Figure 12, at the right, illustrates that most of the women (97.8 percent) were not of Hispanic origin.

Table 44, below, shows the education and marital status of the induced abortion patients. Considering education, 265 or 32.4 percent of the 819 patients who received induced abortions in South Dakota reported their highest level of education completed was high school. This year marital status is not available as a result of the Health Insurance Portability Accountability Act.

Figure 12
Induced Abortions Occurring in South Dakota by Ethnicity of Patient, 2003



Source: South Dakota Department of Health

Table 44
Induced Abortions Occurring in South Dakota
by Patient's Education and Marital Status, 2003

	Total	Marital Status		
		Not Married	Married	Not Stated
Total	819	*	*	*
Education of Patient				
Did Not Graduate High School	115	*	*	*
High School Graduate	265	*	*	*
Completed Some College or Attended Vocational School	238	*	*	*
College Graduate	95	*	*	*
Graduate School or Higher	27	*	*	*
Not Stated	79	*	*	*

Note: *As a result of Health Insurance Portability Accountability Act, marital status was only reported as aggregate data.
Source: South Dakota Department of Health

Payment Information

The Report of Induced Abortion forms asks questions about how much the abortion cost and who paid for the abortion. Table 45, on the next page, indicates that in 2003, 92.4 percent of all abortions performed in South Dakota were self-pay while seven

percent were paid by private insurance and 0.5 percent were paid by public health plans. Of the 61 abortions paid by private insurance or a public health plan, 60 were paid by a fee-for-service insurance company.

Table 45
Induced Abortions Occurring in South Dakota
by Payment and Insurance Coverage Type, 2003

Payment Source	Total	Fee-for-service Insurance Co.	Managed Care Company	Other	Not Stated
Private Insurance	57	56	*	*	*
Public Health Plan	4	4	*	*	*
Self	757	*	*	*	757
Not Stated	*	*	*	*	*
Total	819	60	*	*	759

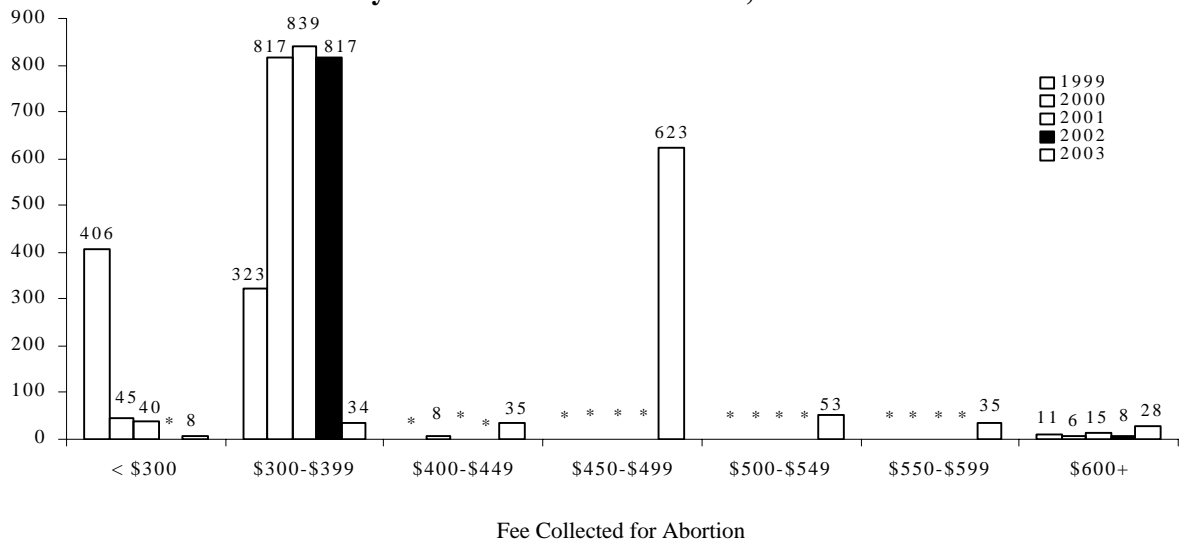
Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

The fees collected for induced abortions were clarified in 2003 to include all services related in any manner to the induced abortion. Therefore, this year 76 percent of the abortions cost between \$450 to \$499 dollars. No abortions from the previous four years fell into this fee range. The majority of abortions

from past years fell into the \$300 to \$399 range except in 1999 where most abortions cost less than \$300 dollars. Figure 13, below, compares the fees for 1999, 2000, 2001, 2002, and 2003. This shows that the majority of the abortions performed in 2003 cost more than any previous year.

Figure 13
Induced Abortions Occurring in South Dakota
by Fee Collected for Abortion, 1999-2003



Note: *Cells with less than 3 events.

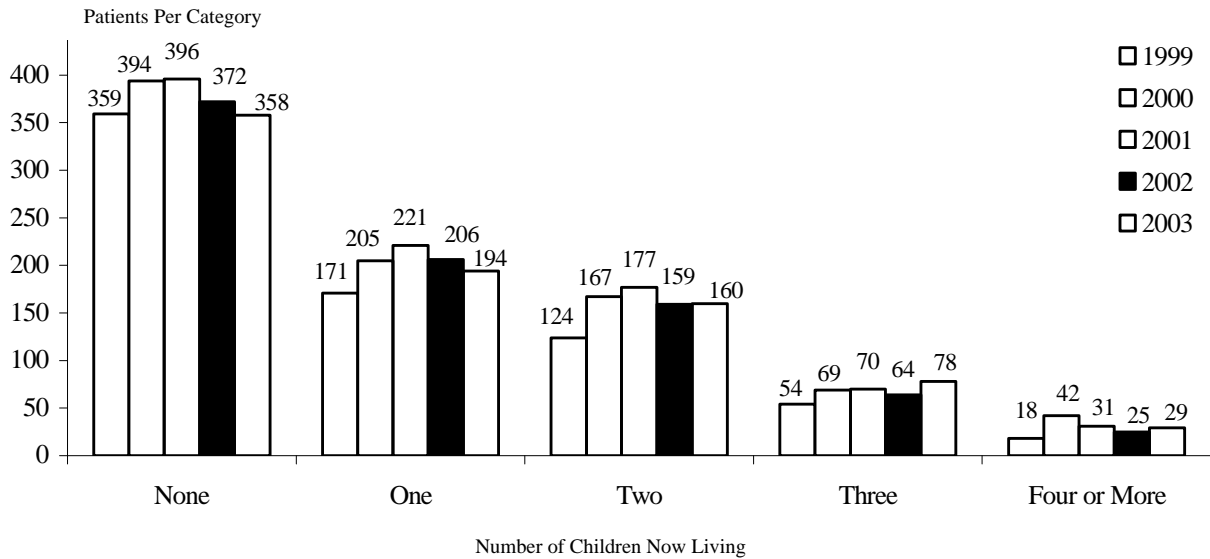
Source: South Dakota Department of Health

Previous Pregnancies

The Report of Induced Abortion also asked a series of questions about previous pregnancies. Figure 14, on the next page, illustrates the number of children now living reported by the patients who received abortions

in South Dakota for 1999, 2000, 2001, 2002, and 2003. Of the women reporting in 2003, 43.7 percent reported having no living children. Only 3.9 percent had one or more live births that are now deceased.

Figure 14
Induced Abortions Occurring in South Dakota by the Number of
Patient's Children Who are Now Living, 1999-2003

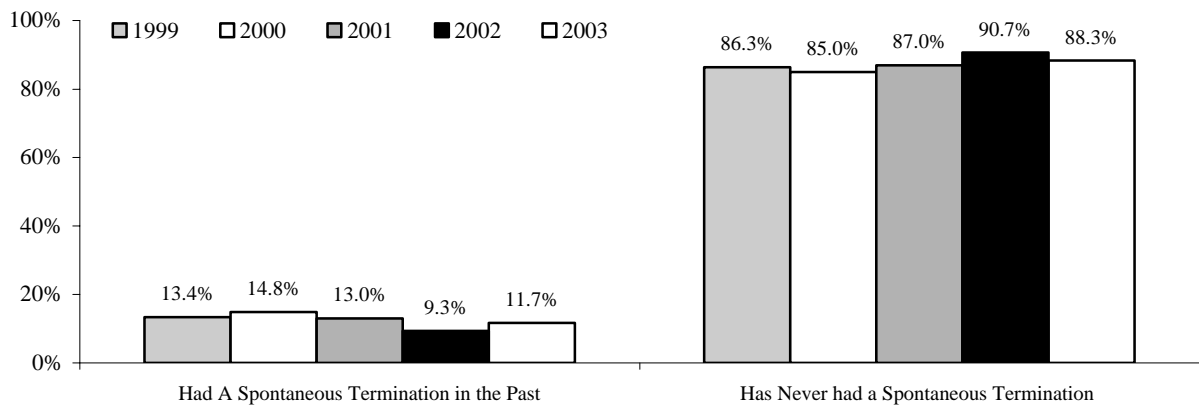


Source: South Dakota Department of Health

Figure 15, below, indicates that 11.7 percent of patients had a spontaneous termination in the past. For this report, a spontaneous abortion is defined as an abortion in which the process starts of

its own accord through natural causes. The majority of the patients (88.3 percent) who obtained induced abortions in 2003 reported they had never had a spontaneous termination.

Figure 15
Induced Abortions Occurring in South Dakota by
Previous Spontaneous Abortions, 1999-2003

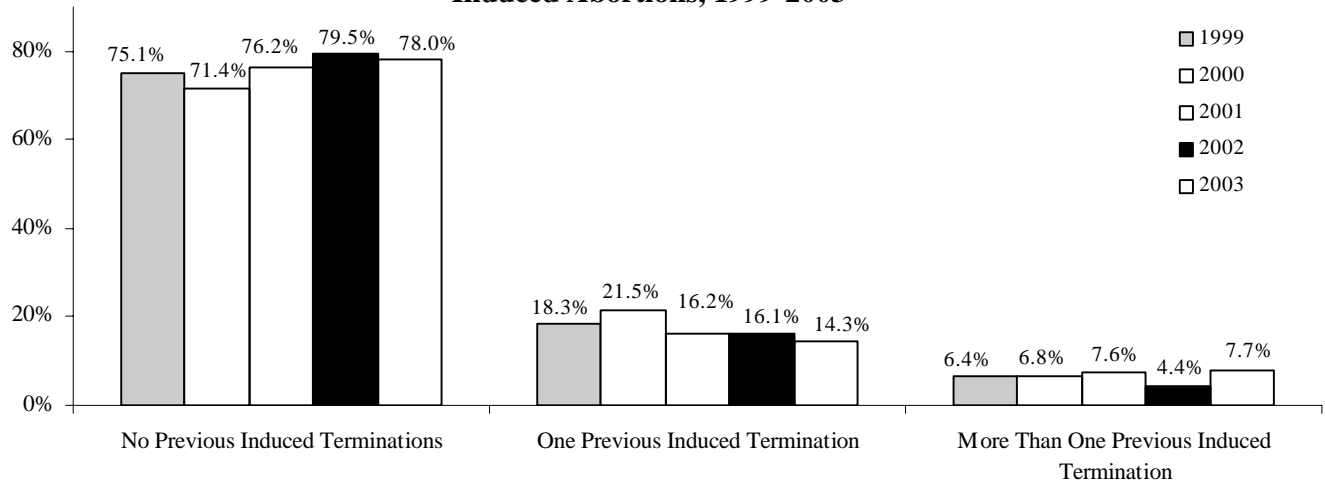


Note: Failure to add to 100% as a result of not stated.
Source: South Dakota Department of Health

Figure 16, below, illustrates the number of previous induced abortions reported by the patients. For this report, an induced abortion is defined as the use of any means to intentionally terminate the

pregnancy of a female known to be pregnant with knowledge that the termination with those means will with reasonable likelihood, cause the death of the fetus.

Figure 16
Induced Abortions Occurring in South Dakota by Previous Induced Abortions, 1999-2003



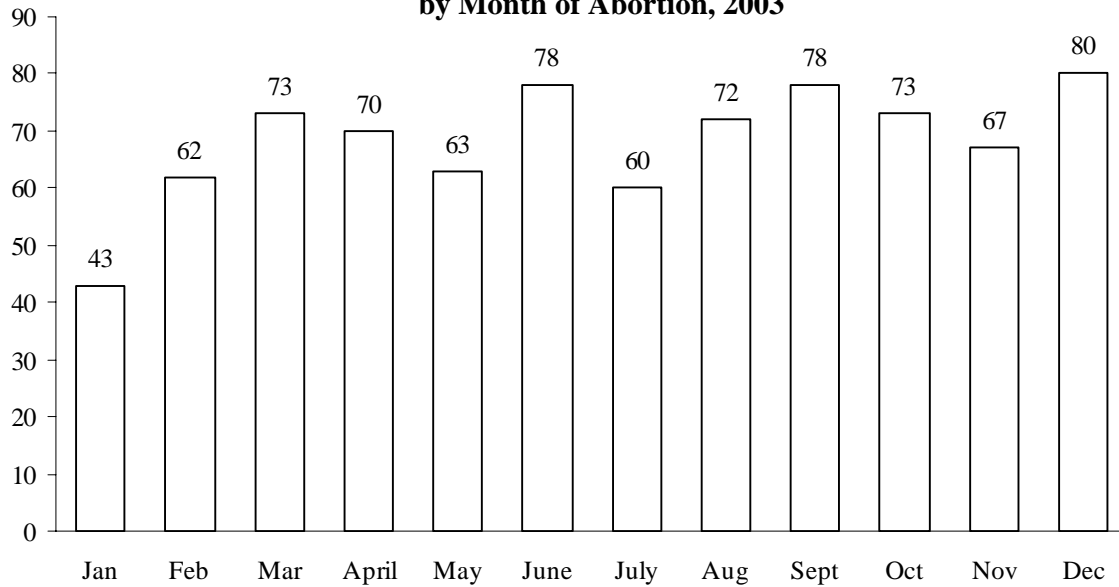
Note: Failure to add to 100% as a result of not stated.
Source: South Dakota Department of Health

As seen in Figure 16, the majority of patients (78.0 percent) reported that they had no previous induced abortions. In comparison, 14.3 percent had obtained one previous induced abortion and 7.7 percent had obtained more than one previous induced abortion. In 2002, 16.1 percent had one previous induced abortion while, 4.4 percent had more than one previous induced abortion.

Medical Information

The Report of Induced Abortion also asked a series of questions aimed at obtaining medical information. Figure 17, on the next page, lists the number of induced abortions performed in South Dakota during 2003 by month of occurrence. The fewest numbers of abortions were performed in January while the greatest occurred in December.

Figure 17
Induced Abortions Occurring in South Dakota
by Month of Abortion, 2003

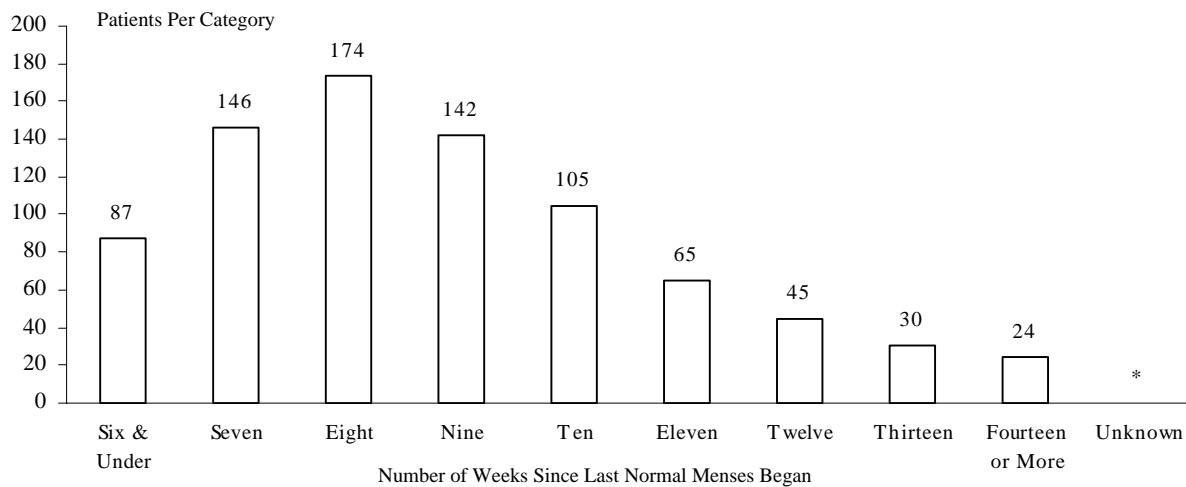


Source: South Dakota Department of Health

Figure 18, below, shows the number of weeks between the date the last normal menses began and the abortion date. Most of the patients (654) reported that

their last normal menses began within 10 weeks prior to the induced abortion date.

Figure 18
Induced Abortions Occurring in South Dakota
by Number of Weeks Since Last Normal Menses Began, 2003



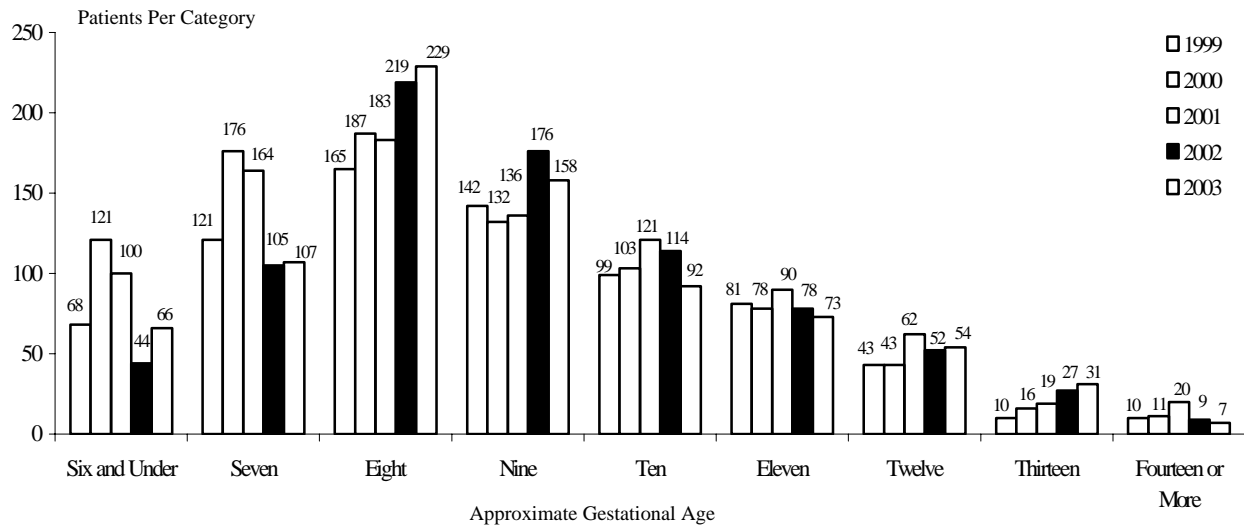
Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Figure 19, below, shows the number of induced abortions occurring in South Dakota from 1999 to 2003 by the clinical estimated weeks of gestation.

The largest number of patients in 2003 (229) received abortions at eight weeks of estimated gestation.

Figure 19
Induced Abortions Occurring in South Dakota
by Approximate Gestational Age, 1999-2003

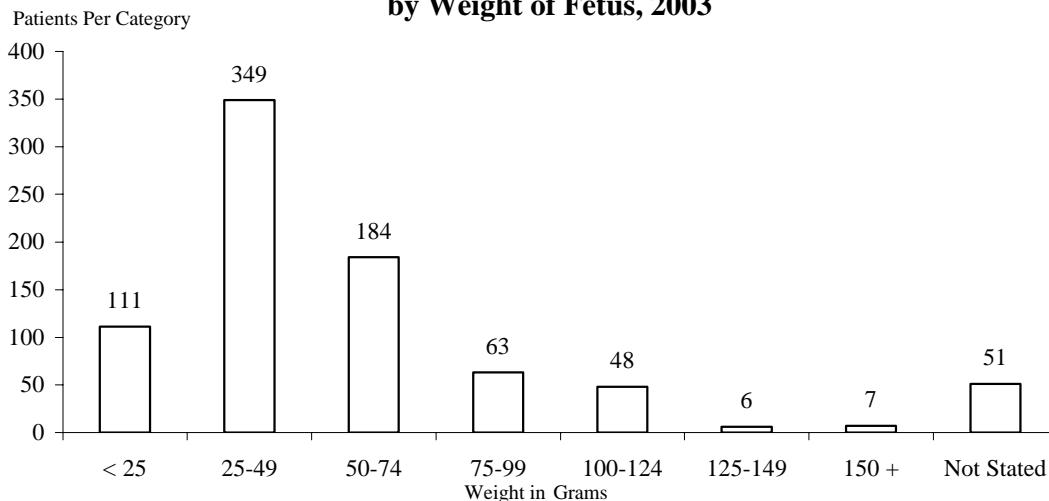


Note: Failure to add to total abortions as a result of not stated.
Source: South Dakota Department of Health

Figure 20, below, lists the number of induced abortions occurring in South Dakota by the weight of the fetus. The category with the largest number of

occurrence was the 25 to 49 gram category. For comparison, fetuses in this category would weigh approximately .88 to 1.73 ounces.

Figure 20
Induced Abortions Occurring in South Dakota
by Weight of Fetus, 2003



Note: One gram equals approximately .0353 ounces.
Or, one ounce equals approximately 28.35 grams.
*Cells with less than 3 events.

Source: South Dakota Department of Health

Table 46, right, illustrates the number of abortions that were performed with the knowledge that a fetal abnormality existed. Of the abortions performed in 2003, 6 or .7 percent of the forms indicated that there was a fetal abnormality present at the time of the abortion. Most of the forms indicated that it was unknown if a fetal abnormality was present at the time of the abortion.

Table 46
Induced Abortions Occurring in South Dakota by Fetal Abnormality, 2003

Presence of Fetal Abnormality	Number	Percentage
Yes	6	0.7%
No/Unknown	813	99.3%
Total	819	100%

Source: South Dakota Department of Health

Table 47
Induced Abortions Occurring in South Dakota by Method of Disposal, 1999-2003

Method of Disposal	2003	2002-1999
Burial	4	10
Incineration or Cremation	775	3,261
Not Stated - Medical	29	47
Not Stated - Non-medical	11	20
Total	819	3,338

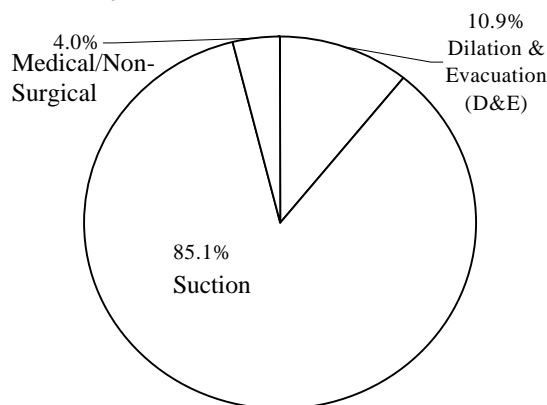
Source: South Dakota Department of Health

Table 47, left, indicates the method used to dispose of the fetus in 2003 and from 2002 to 1999. The main method of disposal in 2003 was incineration or cremation. This was also the main method for the past four years.

Termination Procedure

The Report of Induced Abortion also asked questions about the termination procedure.

Figure 21
Induced Abortions Occurring in South Dakota by Procedure Used, 2003



Note: Procedures used for Induced Abortions can change dramatically depending on the physician who performs them.

Source: South Dakota Department of Health

Figure 21 illustrates the procedures used to perform induced abortions in South Dakota in 2003.

In 2003, Medical/Non-Surgical was used for four percent of the cases while Dilation and Evacuation was used for 10.9 percent of the cases. The majority of the cases used Suction in 2003 with an overall percentage of 85.1.

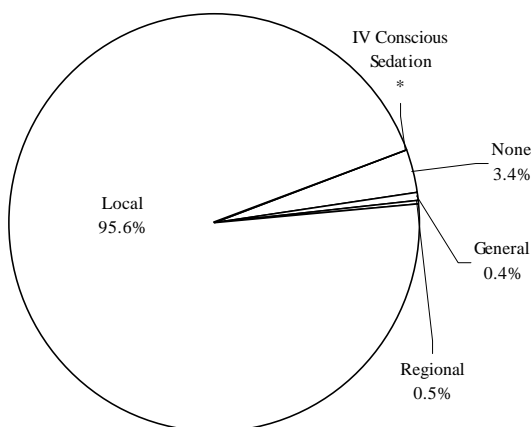
Table 48 indicates additional procedures that were used to terminate the pregnancy in 2003. Almost all abortions had an additional procedure. In 96 percent or 786 of the abortions an additional procedure was used to terminate the pregnancy. Sharp Curettage was the additional procedure most often used with 95 percent. There were no cases of maternal complications reported to the Department of Health in 2003.

Table 48
Induced Abortions Occurring in South Dakota By
Any Additional Procedures Used, 2003

Additional Procedures Used	Number	Percentage
No Additional Procedure	33	4.0%
Sharp Curettage	778	95.0%
Hysterotomy/Hysterectomy	3	0.4%
Other	5	0.6%
Total	819	100.0%

Source: South Dakota Department of Health

Figure 22
Induced Abortions Occurring in South Dakota
by Type of Anesthetic Used, 2003



Note: *Cells with less than 3 events.

Source: South Dakota Department of Health

Figure 22 illustrates the type of anesthetic used for abortions performed in South Dakota. In 2003, 95.6 percent of patients were given a local anesthetic while 0.4 percent were given a general anesthetic. Patients who received regional anesthetic made up 0.5 percent.

Reason for the Induced Abortion

Since 1999, the Report of Induced Abortion has asked a question about the reason for the induced abortion. Table 49, on the next page, illustrates the reasons that patients had induced abortions from 1999 to 2003. The mother did not desire to have the child has been the highest response since 1999. The mother could not

afford the child has been the second highest response since 1999. There was also a 394.5 percent increase in the number of mothers who gave more than one response over the last five years. In 1999, 7.3 percent of mothers gave more than one response while in 2003 36.1 percent of mothers gave more than one response.

Table 49
Induced Abortions Occurring in South Dakota
by Reason for Abortion, 1999-2003

Reason for Induced Abortion	2003		2002		2001		2000		1999	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
The pregnancy was a result of rape or incest	21	2.6%	20	2.4%	14	1.6%	16	1.8%	12	1.6%
The mother could not afford the child	366	44.7%	384	46.5%	353	39.4%	233	26.5%	176	23.8%
The mother did not desire to have the child	525	64.1%	536	64.9%	547	61.1%	503	57.3%	459	62.1%
The mother's emotional health was at risk	104	12.7%	94	11.4%	84	9.4%	51	5.8%	28	3.8%
The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued	16	2.0%	16	1.9%	19	2.1%	9	1.0%	7	0.9%
Other	124	15.1%	103	12.5%	144	16.2%	139	15.8%	110	14.9%
Refused to answer	33	4.0%	27	3.3%	34	3.8%	41	4.7%	15	2.0%
Total	1189		1180		1212		992		807	

Note: The total responses are greater than the number of abortions performed because the patient was allowed to give more than one response.
Failure to add to total as a result of unknowns.

Source: South Dakota Department of Health

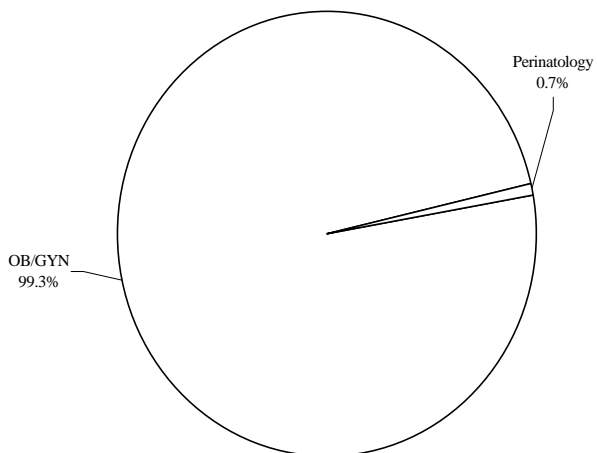
Physician Information

Figure 23, illustrates the specialty of the physicians who performed abortions in South Dakota in 2003. Almost all abortions were performed by an OB/GYN. During the 2003 reporting period, none of the physicians who performed induced abortions in South Dakota had their license revoked or suspended or had been subject to other professional sanctions.

Voluntary and Informed Consent Form

All the report forms received by the South Dakota Department of Health for induced abortions performed in 2003 indicated that patients received the required counseling. This refers to the counseling as required by South Dakota Codified Law 34-23A-10.

Figure 23
Induced Abortions Occurring in South Dakota
by Physician's Specialty, 2003



Source: South Dakota Department of Health

The Voluntary and Informed Consent Form is used to collect data regarding informed consent information supplied to abortion patients. The data showed that of the 819 forms received, 813 of the patients reported receiving the medical information described in SDCL section 34-23A-10.1 during a telephone conversation and 6 in person. Of the 819 forms that were received all indicated that the medical information was provided by the physician performing the induced abortion.

Physicians performing the abortion supplied five of the patients with the resource information, 814 patients reported receiving the data from an agent of the physician performing the abortion. Only 813 patients reported receiving the resource information by telephone and six reported receiving the information in person.

Table 50, below, illustrates the breakdown of who provided the resource material. None of the forms indicated the patient did not receive the medical or resource information due to a medical emergency or because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function.

All of the 819 forms indicated that the patient was offered the printed fetal growth and development information described in SDCL section 34-23A-10.3, and of the 819, 814 did not accept the information. In regards to the patient obtaining the induced abortion, all the forms indicated that the patient went on to obtain the induced abortion.

Table 50
Induced Abortions Occurring in South Dakota
by Source of Resource Information, 2003

Resource Information Provided By:	Number	Percent
Referring Physician	*	*
Agent of Referring Physician	*	*
Physician Performing the Induced Abortion	5	0.6%
Agent of Physician Performing the Induced Abortion	814	99.2%
Physician Performing the Induced Abortion and an Agent of that Physician	*	*
Total	821	100%

Note: The total responses are greater than the number of abortions performed because the patient was allowed to give more than one response.

*Cells with less than 3 events.

Source: South Dakota Department of Health

Parental Notice

The Parental Consent Form is used to collect data regarding parental consent for minors obtaining induced abortions. The form asks a question about who is responsible for the minor patient. Of the 66 forms submitted, 60 indicated the person responsible for the minor patient was a parent, in six cases it was not stated, because the physician received a court order to perform the abortion.

The data showed that notice to a parent or guardian was provided to a parent in 60 of the cases. Of the remaining forms, six forms indicated the physician was authorized by the court to perform the induced abortion. In regards to the minor obtaining the induced abortion, all indicated the minor did obtain the abortion.

Marriage and Divorce



Marriage & Divorce

An Overview: 2003

Marriages:

Number Occurring in S.D.	6,427
S.D. Rate per 1,000 Population	8.5
U.S. Rate per 1,000 Population *	7.5*

Age of Bride for South Dakota Residents (Years)

Mean	29
Median	26
Mode	22
Range	
Lower	16
Upper	84

Age of Groom for South Dakota Residents (Years)

Mean	32
Median	28
Mode	23
Range	
Lower	16
Upper	92

Divorces and Annulments:

Number Occurring in S.D.	2,502
S.D. Rate Per 1,000 Population	3.3
U.S. Rate per 1,000 Population*	3.8*

Years Married Before Termination in S.D.

Mean	10
Median	7
Mode	3
Range	
Lower	Less Than 1
Upper	60

Note: *U.S. data are provisional.

Source: South Dakota Department of Health

Marriages in South Dakota

Marriage rates in South Dakota reached their peak in 1973 at 18 marriages per 1,000 population. In 2003, the South Dakota marriage rate was 8.5, a 2.3 percent decrease from 2002. On the following page is Table 51, which provides the

United States and South Dakota marriage rates from 1968 through 2003. Figure 27 (next page) illustrates the changes in these rates over this time frame.

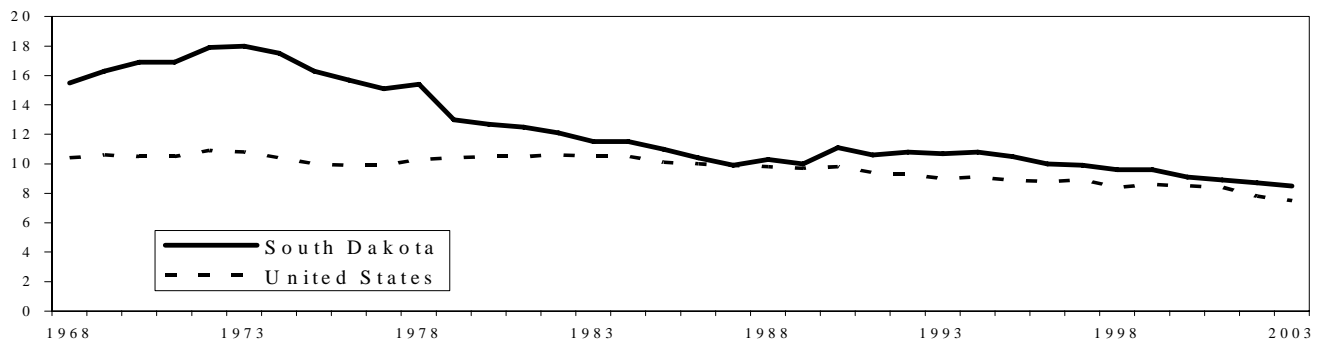
Table 51
Marriages and Marriage Rates by Occurrence
South Dakota and United States 1968-2003

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2003	2,187,000	7.5	6,427	8.5
2002	2,254,000	7.8	6,585	8.7
2001	2,327,000	8.4	6,719	8.9
2000	2,329,000	8.5	6,882	9.1
1999	2,358,000	8.6	6,863	9.9
1998	2,256,000	8.4	6,705	9.6
1997	2,384,000	8.9	6,867	9.9
1996	2,344,000	8.8	6,991	10.0
1995	2,336,000	8.9	7,283	10.5
1994	2,362,000	9.1	7,528	10.8
1993	2,334,000	9.0	7,413	10.7
1992	2,362,000	9.3	7,549	10.8
1991	2,371,000	9.4	7,374	10.6
1990	2,443,489	9.8	7,716	11.1
1989	2,403,268	9.7	7,108	10.0
1988	2,395,926	9.8	7,328	10.3
1987	2,403,378	9.9	6,996	9.9
1986	2,407,099	10.0	7,386	10.4
1985	2,412,625	10.1	7,793	11.0
1984	2,477,192	10.5	8,057	11.5
1983	2,445,604	10.5	8,013	11.5
1982	2,456,278	10.6	8,353	12.1
1981	2,422,145	10.5	8,662	12.5
1980	2,390,252	10.5	8,800	12.7
1979	2,331,337	10.4	8,978	13.0
1978	2,282,272	10.3	10,638	15.4
1977	2,178,367	9.9	10,359	15.1
1976	2,154,807	9.9	10,781	15.7
1975	2,152,662	10.0	11,074	16.3
1974	2,229,667	10.4	11,928	17.5
1973	2,284,108	10.8	12,291	18.0
1972	2,282,154	10.9	12,151	17.9
1971	2,190,481	10.5	11,363	16.9
1970	2,158,802	10.5	11,034	16.9
1969	2,145,000	10.6	10,909	16.3
1968	2,069,000	10.4	10,347	15.5

Note: Beginning in 1991, the United States data are based on estimates.

Source: National Center for Health Statistics
South Dakota Department of Health

Figure 24
Marriages Occurring in South Dakota and United States 1968-2003

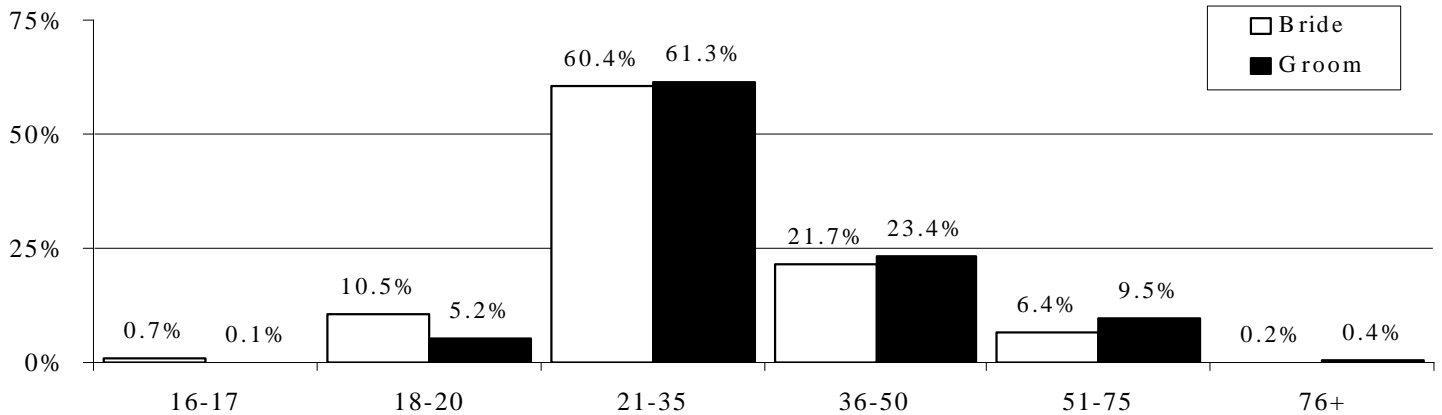


Source: National Center for Health Statistics
South Dakota Department of Health

For South Dakota residents, the mean or average age of brides in 2003 was 29 years of age, the median age was 26, and the modal age was 22. The age of brides in 2003 ranged from a low of 16 to a high of 84. The mean age of South Dakota

resident grooms in 2003 was 32 years of age, the median age was 28, and the modal age was 23. The age of grooms in 2003 ranged from a low of 16 to a high of 92.

Figure 25
Brides and Grooms by Age Group for Marriages Occurring in South Dakota, 2003



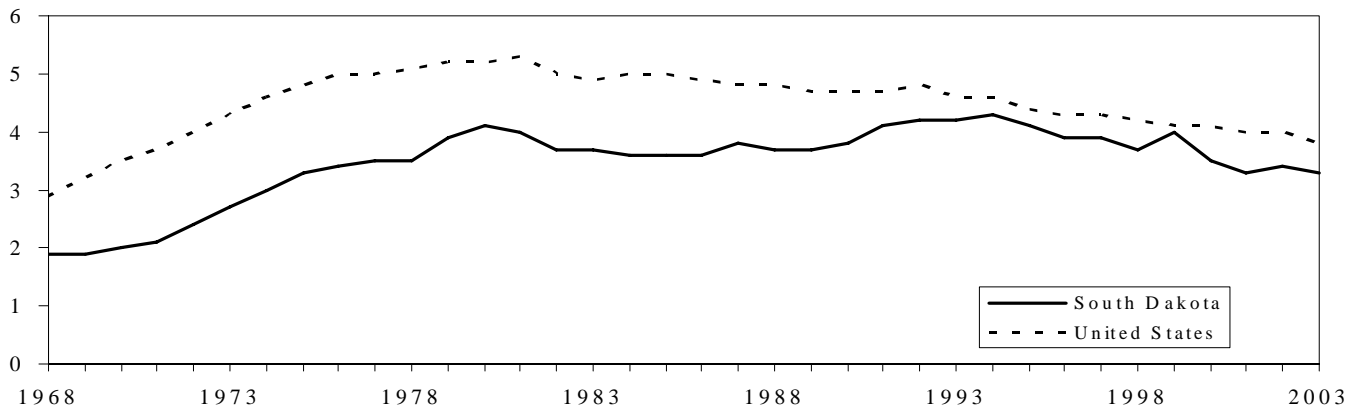
Source: South Dakota Department of Health

Divorces in South Dakota

For comparisons over time, Figure 29, below, illustrates the rates for South Dakota and national divorce rates from 1968 to 2003. Table 52, page 78, lists the rates for South Dakota and the United

States. As displayed, the 2003 South Dakota divorce rate was 3.3 divorces per 1,000 population, a 2.9 percent decrease from 2002.

Figure 26
Divorces Occurring in South Dakota and United States, 1968-2003



Note: Beginning in 1991, the United States data are based on estimates.

Source: South Dakota Department of Health

Table 52
Number and Rate of Divorces and Annulments by Occurrence
South Dakota and United States 1968-2003

Year	United States		South Dakota	
	Number	Crude Rate	Number	Crude Rate
2003	**	3.8	2,502	3.3
2002	**	4.0	2,561	3.4
2001	**	4.0	2,522	3.3
2000	**	4.1	2,678	3.5
1999	**	4.1	2,750	4.0
1998	1,135,000	4.2	2,581	3.7
1997	1,163,000	4.3	2,738	3.9
1996	1,150,000	4.3	2,749	3.9
1995	1,169,000	4.4	2,879	4.1
1994	1,191,000	4.6	2,969	4.3
1993	1,187,000	4.6	2,895	4.2
1992	1,215,000	4.8	2,932	4.2
1991	1,187,000	4.7	2,859	4.1
1990	1,182,000	4.7	2,651	3.8
1989	1,157,000	4.7	2,624	3.7
1988	1,167,000	4.8	2,649	3.7
1987	1,166,000	4.8	2,696	3.8
1986	1,178,000	4.9	2,585	3.6
1985	1,190,000	5.0	2,566	3.6
1984	1,169,000	5.0	2,498	3.6
1983	1,158,000	4.9	2,556	3.7
1982	1,170,000	5.0	2,564	3.7
1981	1,213,000	5.3	2,772	4.0
1980	1,189,000	5.2	2,811	4.1
1979	1,181,000	5.2	2,665	3.9
1978	1,130,000	5.1	2,449	3.5
1977	1,091,000	5.0	2,436	3.5
1976	1,083,000	5.0	2,352	3.4
1975	1,036,000	4.8	2,232	3.3
1974	977,000	4.6	2,027	3.0
1973	915,000	4.3	1,812	2.7
1972	845,000	4.0	1,632	2.4
1971	773,000	3.7	1,408	2.1
1970	708,000	3.5	1,359	2.0
1969	639,000	3.2	1,255	1.9
1968	584,000	2.9	1,243	1.9

Note: ** U.S. data are not available.

Crude divorce rates are per 1,000 population.

Beginning in 1991, the United States data are based on estimates.

Source: National Center for Health Statistics

South Dakota Department of Health

For South Dakota divorces, the mean or average duration of the marriages ending in divorce during 2003 was 10 years, the median duration was seven years, and the modal duration was three

years. The length of time before terminating the marriage ranged from less than one year to 60 years for 2003 South Dakota divorces.

Communicable Disease



INFECTIOUS DISEASES IN SOUTH DAKOTA 2003

The South Dakota Department of Health (DOH) is authorized by South Dakota Codified Law 34-22-12 and Administrative Rules Article 44:20 to receive and process mandatory reports of communicable diseases by physicians, hospitals, laboratories, and institutions.

Category I: Report immediately on suspicion of disease	Category II: Report within 3 days	
Anthrax (<i>Bacillus anthracis</i>) Botulism (<i>Clostridium botulinum</i>) Cholera (<i>Vibrio cholerae</i>) Dengue fever (<i>flavivirus</i>) Diphtheria (<i>Corynebacterium diphtheriae</i>) Enterohemorrhagic <i>E. coli</i> (EHEC) shiga-toxin producing (<i>Escherichia coli</i>), includes <i>E. coli</i> O157:H7 Measles (<i>paramyxovirus</i>) Meningococcal disease, invasive (<i>Neisseria meningitidis</i>) Pertussis (<i>Bordetella pertussis</i>) Plague (<i>Yersinia pestis</i>) Poliomyelitis (<i>picornavirus</i>) Rabies, human and animal (<i>rhabdovirus</i>) Ricin toxin Rubella and congenital rubella syndrome (<i>togavirus</i>) Smallpox (<i>Variola</i>) Tularemia (<i>Francisella tularensis</i>) Typhoid (<i>Salmonella typhi</i>) Viral Hemorrhagic Fevers (filoviruses, arenaviruses) Outbreaks: - Acute upper respiratory illness - Diarrheal disease - Foodborne - Illnesses in child care settings - Nosocomial - Rash illness - Waterborne Syndromes suggestive of bioterrorism and other public health threats Unexplained illnesses or deaths in humans or animals	Acquired immunodeficiency syndrome (AIDS) Brucellosis (<i>Brucella spp.</i>) Campylobacteriosis (<i>Campylobacter spp.</i>) Chancroid (<i>Haemophilus ducreyi</i>) Chlamydia infections (<i>Chlamydia trachomatis</i>) Cryptosporidiosis (<i>Cryptosporidium parvum</i>) Cyclosporiasis (<i>Cyclospora cayetanensis</i>) Drug resistant organisms: Vancomycin-resistant and -intermediate <i>Staphylococcus aureus</i> (VRSA and VISA) Drug resistant <i>Streptococcus pneumoniae</i> (DRSP), invasive Ehrlichiosis (<i>Ehrlichia spp.</i>) Encephalitis, arboviral (<i>Eastern and Western equine, California serotype, St. Louis, Japanese, Powassan and West Nile Virus</i>) Epsilon toxin of <i>Clostridium perfringens</i> Giardiasis (<i>Giardia lamblia / intestinalis</i>) Glanders (<i>Burkholderia mallei</i>) Gonorrhea (<i>Neisseria gonorrhoeae</i>) <i>Haemophilus influenzae</i> type b disease, invasive Hantavirus pulmonary syndrome (<i>hantavirus</i>) Hemolytic uremic syndrome Hepatitis, acute viral A, B, C, D, and E Hepatitis B infection, perinatal <i>Herpes simplex virus</i> infection, neonatal or genital Human immunodeficiency virus infection (HIV) Influenza: all laboratory confirmed cases, and - weekly reports of number of rapid antigen influenza positive tests and total number tested	Legionellosis (<i>Legionella spp.</i>) Leprosy/Hansen's disease (<i>Mycobacterium leprae</i>) Listeriosis (<i>Listeria monocytogenes</i>) Lyme disease (<i>Borrelia burgdorferi</i>) Malaria (<i>Plasmodium spp.</i>) Meloidosis (<i>Burkholderia pseudomallei</i>) Mumps (<i>paramyxovirus</i>) Nipah virus (<i>paramyxovirus</i>) Psittacosis (<i>Chlamydochloa psittaci</i>) Q fever (<i>Coxiella burnetii</i>) Rocky Mountain spotted fever (<i>Rickettsia rickettsii</i>) Salmonellosis (<i>Salmonella spp.</i>) Shigellosis (<i>Shigella spp.</i>) <i>Staphylococcus enterotoxin B</i> Streptococcal disease, Group A, invasive Streptococcal disease, Group B, invasive <i>Streptococcus pneumoniae</i> , invasive, in a child less than 5-years of age Syphilis (<i>Treponema pallidum</i>) Tetanus (<i>Clostridium tetani</i>) Toxic shock syndrome Transmissible spongiform encephalopathies Trichinosis (<i>Trichinella spiralis</i>) Tuberculosis (<i>Mycobacterium tuberculosis</i> and <i>Mycobacterium bovis</i>) active disease and infection (positive skin test) Typhus fever (<i>Rickettsia prowazekii</i>) Varicella death Yellow fever (<i>flavivirus</i>)

Category I diseases are reportable immediately by telephone* on the day of recognition or strong suspicion of disease. Category II diseases are reportable by telephone*, mail**, facsimile***, reporting website**** or courier, within 3 days after recognition or strong suspicion of disease.

*Telephones: 24 hour answering device 1-800-592-1804; during working hours 1-800-592-1861. After hours to report Category I diseases, call cellular phone 605-280-4810.

Mail in a sealed envelope addressed to the DOH, Office of Disease Prevention, 615 E. 4th Street, Pierre, SD 57501, and marked "Confidential Medical Report". *Fax 605-773-5509. ****Secure reporting website: <https://www.state.sd.us/doh/diseasereport>

COMMUNICABLE DISEASE SURVEILLANCE

The Department of Health (DOH) has adopted administrative rules, ARSD44:20, authorizing a statewide surveillance system for communicable diseases. The rules also establish public health measures that control and prevent disease transmission.

Infectious disease surveillance is the ongoing collection, analysis, interpretation, and dissemination of health data. This type of assessment is a core public health function. Communicable disease surveillance monitors patterns of disease occurrence, which contribute to the health status of South Dakota's population. Surveillance can detect sudden changes in disease occurrence, such as outbreaks, or identify long-term disease trends, or monitor new and emerging diseases. Surveillance activities are linked to public health actions, such as investigation, control and prevention, evaluation, planning, and allocating resources to address the diseases affecting the population.

An important surveillance component is sharing infectious disease data with health care providers, public health agencies, the general population, academia, and public health and medical policy makers at local, state and national levels. Surveillance assessment reports should serve to inform and motivate.

Table 53 catalogs the infectious disease reports from 1993 to 2003. Table 54 reports the 2003 disease numbers by county of residency, statewide total, and shows the statewide incidence rate (cases per 100,000 population). Each disease is compared to the median case count of the previous 5 years (1998-2002), and the percentage increase or decrease is shown. Table 55 presents selected diseases stratified by gender, race and age group.

In 2003 the following diseases (cases) were reported and found to meet the case definition:

Anthrax (0)
Botulism (1)
Brucellosis (1)
Campylobacteriosis (188)
Chancroid (0)
Chlamydia trachomatis infectious (2606)
Cholera (0)
Cryptosporidiosis (49)
Dengue fever (0)
Diphtheria (0)
<i>E. coli</i> O157:H7 (29)
Giardiasis (89)
Gonorrhea (226)
Haemophilus influenzae type B (1)
Hantavirus pulmonary syndrome (1)
Hemolytic uremic syndrome (1)
Hepatitis A (0)
Hepatitis B (4)
Hepatitis C (0)
Herpes simplex, genital and neonatal (297)
HIV and AIDS (25)
Legionellosis (2)
Leprosy (0)
Listeriosis (0)
Lyme Disease (1)
Malaria (3)
Measles (0)
Meningococcal disease (1)
Mumps (0)
Pertussis (7)
Plague (0)
Polio (0)
Psittacosis (0)
Q fever (0)
Rabies, animal (132)
Rabies, human (0)
Rocky Mountain Spotted Fever (5)
Rubella and congenital rubella syndrome (0)
Saint Louis Encephalitis (2)
Salmonellosis (131)
Shigellosis (17)
Streptococcal disease, Group A, invasive (25)
Streptococcal disease, Group B, invasive (14)
Streptococcus pneumoniae, drug resistant (1)
Syphilis, primary and secondary (2)
Tetanus (0)
Toxic shock syndrome (1)
Trichinosis (0)
Tuberculosis (20)
Tularemia (5)
Typhoid (0)
West Nile neuroinvasive disease (170)
West Nile fever (869)

Table 53. Reportable Diseases in South Dakota, 1993-2003.

Diseases	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Anthrax	0	0	0	0	0	0	0	0	0	1	0
Botulism	0	0	0	0	0	0	1	1	0	0	1
Brucellosis	1	0	0	0	0	0	0	0	0	0	1
Campylobacteriosis	69	81	100	71	108	103	140	141	160	198	188
Chancroid	0	0	0	0	0	0	0	0	0	0	0
Chlamydia trachomatis infections	1643	1432	1317	1538	1439	1573	1554	1835	1821	2215	2606
Cholera	0	0	0	0	0	0	0	0	0	1	0
Cryptosporidiosis	NR	NR	NR	0	23	25	7	15	8	42	49
Dengue fever	0	0	0	0	0	0	0	0	0	1	0
Diphtheria	0	0	0	0	1	0	0	0	0	0	0
E. coli O157:H7	0	18	23	26	29	37	47	56	44	41	29
Giardiasis	155	140	171	89	127	181	143	108	106	83	89
Gonorrhea	276	245	244	176	172	221	192	277	289	263	226
Haemophilus influenzae type b	2	2	1	1	3	1	4	1	0	1	1
Hantavirus pulmonary syndrome	0	0	2	0	0	0	0	1	0	0	1
Hemolytic uremic syndrome	0	0	0	0	1	0	4	2	1	0	1
Hepatitis A	18	39	99	43	27	40	10	3	3	3	0
Hepatitis B	0	4	2	5	1	4	1	2	1	3	4
Hepatitis C, non-A/B	0	0	1	0	0	0	0	0	0	1	0
Herpes simplex, genital and neonatal	88	110	102	102	94	142	275	339	345	310	297
HIV and AIDS	26	24	35	24	25	17	27	22	22	21	25
Legionellosis	0	2	3	3	4	7	6	2	3	4	2
Leprosy	0	0	0	0	0	1	0	0	0	0	0
Listeriosis	0	0	0	1	1	0	1	0	0	1	0
Lyme disease	0	0	0	0	1	0	0	0	0	2	1
Malaria	2	0	0	2	3	1	0	1	0	2	3
Measles	0	0	0	0	8	0	0	0	0	0	0
Meningitis, aseptic	22	3	26	7	20	210	27	29	62	NR	NR
Meningococcal disease	7	9	11	10	6	9	11	6	5	2	1
Mumps	0	0	0	0	0	0	0	0	0	0	0
Plague	0	0	0	0	0	0	0	0	0	0	0
Pertussis	8	26	12	4	5	8	8	11	5	8	7
Polio	0	0	0	0	0	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0	0	0	0	0	0
Q fever	NR	NR	NR	NR	NR	NR	NR	NR	0	1	0
Rabies, animal	49	44	105	132	94	166	180	96	58	96	132
Rabies, human	0	0	0	0	0	0	0	0	0	0	0
Rocky Mountain Spotted Fever	3	13	1	1	2	0	4	2	2	1	5
Rubella and congenital rubella	0	0	0	0	0	0	0	0	0	0	0
St. Louis Encephalitis	0	0	0	0	0	0	0	0	0	0	2
Salmonellosis	99	143	108	119	90	132	100	100	151	121	131
Shigellosis	111	207	200	94	31	33	18	8	716	157	17
Streptococcal disease, Group A,	NR	NR	NR	NR	15	9	11	16	17	14	25
Streptococcal disease, Group B,	NR	NR	NR	NR	NR	NR	NR	NR	NR	20	14
Streptococcus pneumoniae, drug resist.	NR	NR	NR	NR	0	0	3	8	6	1	1
Syphilis, Primary and Secondary	0	2	0	0	1	1	0	0	1	0	2
Tetanus	0	0	0	0	0	1	0	0	0	0	0
Toxic shock syndrome	0	0	1	0	1	2	0	2	0	1	1
Trichinosis	0	0	0	0	0	0	0	0	0	0	0
Tuberculosis	16	28	28	19	19	23	21	16	13	13	20
Tularemia	17	2	19	11	4	3	7	13	7	3	5
Typhoid	0	0	0	0	0	0	0	0	0	0	0
West Nile neuroinvasive disease	0	0	0	0	0	0	0	0	0	14	170
West Nile fever	0	0	0	0	0	0	0	0	0	23	869

*NR= not reportable

Table 54a. South Dakota Selected Notifiable Diseases by County, 2003 (continued).

County	Campylobacteriosis	Cryptosporidiosis	E. coli O157:H7	Giardiasis	H IV/AIDS	Pertussis	Rabies, animal	Salmonellosis	Shigellosis	Streptococcal disease, Group A, invasive	Streptococcal disease, Group B, invasive	Tuberculosis	West Nile Neuroinvasive illness	Chlamydia	Gonorrhea	Genital Herpes
Aurora	=3	0	=3	0	Due to confidentiality issues, HIV/AIDS is not reported by county	0	6	0	0	0	0	0	0	=3	0	0
Beadle	4	4	=3	4		0	5	5	0	0	0	=3	=3	44	4	7
Bennett	=3	=3	0	0		=3	0	0	0	0	0	0	=3	24	4	=3
BonHomme	=3	7	=3	5		0	=3	4	=3	0	0	0	=3	8	0	=3
Brookings	=3	=3	=3	0		0	4	=3	=3	0	=3	0	4	70	=3	12
Brown	10	=3	=3	4		0	6	7	0	0	0	=3	6	55	=3	25
Brule	0	0	=3	=3		0	4	=3	0	=3	0	0	=3	9	=3	=3
Buffalo	0	0	0	0		0	=3	0	0	0	0	0	=3	27	0	0
Butte	=3	0	0	=3		0	=3	=3	0	0	0	0	7	11	0	0
Campbell	0	0	0	0		0	0	0	0	0	0	0	=3	0	0	0
CharlesMix	5	0	=3	=3		0	9	=3	=3	=3	0	=3	=3	81	=3	=3
Clark	=3	0	0	=3		0	=3	=3	0	0	0	0	=3	=3	0	0
Clay	=3	=3	=3	=3		0	=3	5	0	0	0	0	=3	31	=3	7
Codington	6	=3	0	=3		0	=3	6	0	0	0	0	=3	61	=3	12
Corson	0	0	0	0		0	=3	5	0	0	=3	0	=3	53	20	0
Custer	=3	0	0	0		0	0	0	0	0	0	0	0	16	=3	=3
Davison	6	0	=3	=3		0	=3	5	=3	=3	0	0	5	38	=3	6
Day	=3	0	0	=3		0	4	0	0	0	=3	=3	=3	4	=3	0
Deuel	=3	0	0	0		0	=3	0	0	0	=3	0	=3	=3	=3	=3
Dewey	=3	0	0	0		0	0	=3	0	0	0	0	5	125	24	=3
Douglas	5	0	0	=3		0	=3	=3	0	0	0	0	0	0	0	0
Edmunds	5	0	0	0		0	=3	0	0	0	0	0	0	=3	0	0
Fall River	=3	0	0	0		0	0	0	0	0	0	0	7	6	=3	=3
Faulk	=3	0	=3	0		0	=3	0	0	0	0	0	=3	0	0	0
Grant	=3	=3	=3	=3		0	=3	=3	0	0	0	0	0	5	0	=3
Gregory	=3	0	0	0		0	=3	=3	0	0	0	0	0	7	0	0
Haakon	=3	0	0	0		0	0	=3	0	0	0	0	=3	=3	0	0
Hamlin	=3	0	0	0		=3	4	0	0	0	0	0	=3	4	0	0
Hand	4	0	0	0		0	=3	0	0	0	0	0	=3	0	0	0
Hanson	=3	0	0	0		0	=3	=3	0	0	0	0	=3	0	0	0
Harding	=3	0	0	0		0	0	0	0	0	0	0	=3	=3	0	=3
Hughes	=3	0	0	0		=3	4	=3	0	=3	0	=3	=3	60	=3	11
Hutchinson	4	0	=3	=3		0	7	=3	0	0	0	0	=3	6	=3	=3
Hyde	0	0	0	0		0	0	0	0	0	0	0	=3	=3	0	0
Jackson	0	0	0	0		0	0	0	0	0	0	0	0	14	5	0
Jerauld	=3	0	0	0		0	=3	0	0	0	0	0	=3	=3	0	0

Continued

Table 54b. South Dakota Selected Notifiable Diseases by County, 2003 (continuing).

County	Campylobacteriosis	Cryptosporidiosis	E. coli O157:H7	Giardiasis	HIV/AIDS	Pertussis	Rabies, animal	Salmonellosis	Shigellosis	Streptococcal disease, Group A, invasive	Streptococcal disease, Group B, invasive	Tuberculosis	West Nile neuroinvasive illness	Chlamydia	Gonorrhea	Genital Herpes
Jones	0	0	0	0	Due to confidentiality issues, HIV/AIDS is not reported by county	0	0	0	0	0	0	0	0	0	0	0
Kingsbury	4	=3	0	=3		0	6	=3	0	0	0	0	=3	=3	0	=3
Lake	10	0	0	0		0	=3	0	0	0	0	0	=3	18	=3	4
Lawrence	6	0	0	=3		0	0	=3	0	0	0	=3	=3	52	=3	10
Lincoln	=3	0	0	7		0	=3	4	0	0	0	0	=3	17	=3	5
Lyman	5	0	0	0		0	0	0	=3	0	0	0	=3	23	0	0
Marshall	=3	=3	0	0		0	=3	=3	0	0	0	0	0	5	0	0
McCook	=3	0	0	0		0	8	0	0	0	0	0	=3	5	0	0
McPherson	=3	0	=3	0		0	=3	0	0	0	0	0	0	0	0	0
Meade	=3	0	0	0		0	0	0	0	0	0	0	6	21	=3	=3
Mellette	0	0	0	0		0	0	0	0	0	0	0	=3	8	0	0
Miner	=3	0	=3	=3		0	5	0	0	0	0	0	0	0	0	0
Minnehaha	22	7	=3	29		=3	6	29	=3	11	8	=3	15	606	31	101
Moody	=3	=3	0	0		0	=3	0	0	0	0	0	0	26	0	0
Pennington	6	=3	=3	=3		0	=3	7	0	=3	=3	=3	28	421	57	53
Perkins	=3	0	0	0		0	0	=3	0	0	0	0	=3	0	0	0
Potter	0	0	=3	=3		0	=3	=3	0	0	0	0	=3	0	0	0
Roberts	5	=3	=3	=3		0	=3	5	0	=3	0	0	=3	64	4	0
Sanborn	5	0	0	0		0	=3	=3	0	0	0	0	=3	=3	0	0
Shannon	0	0	0	0		=3	0	4	=3	=3	0	4	11	298	26	=3
Spink	=3	0	0	0		0	=3	0	0	0	0	0	4	7	0	0
Stanley	0	0	0	0		0	0	=3	0	0	0	0	0	=3	0	0
Sully	0	0	0	0		0	0	0	0	=3	0	=3	0	0	0	0
Todd	6	0	0	=3		0	0	=3	0	=3	0	=3	=3	165	7	=3
Tripp	=3	0	0	=3		0	=3	=3	0	0	0	0	=3	8	0	=3
Turner	5	0	0	0		0	5	=3	0	0	=3	0	=3	6	0	6
Union	7	=3	0	0		0	0	=3	=3	0	0	0	=3	7	=3	0
Walworth	=3	0	0	0		0	=3	=3	0	0	0	0	=3	19	=3	=3
Yankton	5	16	=3	11		0	=3	7	0	=3	0	0	=3	34	7	9
Ziebach	0	0	0	0		0	0	=3	0	=3	0	0	0	13	5	0
South Dakota	188	49	29	89	21	7	132	131	17	25	14	20	170	2606	226	297
Rate per 100,000	24.8	6.5	3.8	11.8	2.7	0.9	na	17.3	2.2	1.9	2.6	2.6	1.9	344	29.9	39.3
5-year median	141	15	44	108	22	8	96	121	33	14	NA	16	NA	1821	263	310
% change of median	32%	220%	-34%	-17%	14%	-13%	40%	8%	-48%	79%	NA	25%	NA	43%	-14%	-4%

In 2003 there were also 5 cases of tularemia, 5 cases of Rocky Mountain spotted fever, 4 cases of hepatitis B, 4 cases of enterohemorrhagic E.coli (non-O157:H7), 3 cases of imported Malaria, 2 cases of legionellosis, 2 cases of St. Louis Encephalitis disease, 2 cases of primary syphilis and 1 case each of Lyme disease, wound botulism, brucellosis, Hantavirus Pulmonary Syndrome, *Neisseria meningitidis* disease, Hemolytic Uremic Syndrome, and Toxic Shock Syndrome.

To safeguard privacy “=3” designates strata with 1, 2 or 3 cases.

Table 55. South Dakota Notifiable Disease Summary by Gender, Race, and Age, 2003.

Disease	Gender*					Race*						Median age	Age group (in years)							
	Total	Male (%)		Female (%)		White (%)		Native American(%)		Other or unknown(%)			<1	1-4	5-14	15-24	25-39	40-64	=65	
Campylobacteriosis	188	119	63%	69	37%	172	91%	13	7%	3	2%	21	8	34	26	37	28	36	19	
Chlamydia	2606	741	28%	1863	71%	1253	48%	1196	46%	157	6%	21	3		30	1964	530	47	2	
Cryptosporidiosis	49	24	49%	25	51%	44	90%	5	10%	0	0%	23	0	12	10	6	13	6	2	
E. coli O157:H7	29	10	34%	19	66%	28	100%	0	0%	0	0%	10	2	9	5	0	3	5	4	
Giardiasis	89	41	46%	48	54%	84	94%	4	4%	1	1%	30	1	19	11	4	28	22	4	
Gonorrhea	226	93	41%	133	59%	80	35%	130	58%	16	7%	22	0	0	1	148	62	13	0	
HIV/AIDS	25	21	84%	4	16%	14	56%	6	24%	5	20%	38	0	0	0	5	9	11	0	
Herpes, genital	297	47	16%	248	84%	264	89%	17	6%	16	5%	26	6		2	128	106	49	5	
Legionellosis	2	1	50%	1	50%	2	100%	0	0%	0	0%	54	0	0	0	0	0	2	0	
Pertussis	7	3	43%	4	57%	6	86%	1	14%	0	0%	0	5	2	0	0	0	0	0	
Salmonellosis	131	65	50%	66	50%	113	86%	14	11%	4	3%	27	9	19	18	12	29	21	23	
Shigellosis	17	12	71%	5	29%	10	59%	7	41%	0	0%	8	0	6	3	2	2	2	2	
Streptococcus A, invasive	25	13	52%	12	48%	19	76%	6	24%	0	0%	55	0	0	2	1	4	8	10	
Streptococcus B, invasive	14	7	50%	7	50%	11	79%	2	14%	1	7%	25	5	0	0	2	2	3	2	
Tuberculosis	20	11	55%	9	45%	6	30%	10	50%	4	20%	53	0	2	1	3	1	6	7	
West Nile neuroinvasive disease	170	106	62%	64	38%	140	82%	30	18%	0	0%	50	2	2	2	13	36	65	50	

Total cases reported on this table may differ slightly from row totals due to incomplete case information.

*South Dakota's overall population is 50% male and 50% female; 89% White, 9% Native American and 2% other races.

VACCINE-PREVENTABLE DISEASES: Diphtheria, Pertussis, Tetanus, Measles, Mumps, Rubella, Polio, *Haemophilus influenzae* type b disease, Varicella, Hepatitis A and B.

The Centers for Disease Control and Prevention (CDC) regards vaccination as one of the 10 great public health achievements of the twentieth century. Vaccination has resulted in the global eradication of smallpox, the elimination of poliomyelitis from the Western Hemisphere, and the control of measles, rubella, tetanus, diphtheria, *Haemophilus influenzae* type b (Hib), and other infectious diseases in the United States and many other countries.

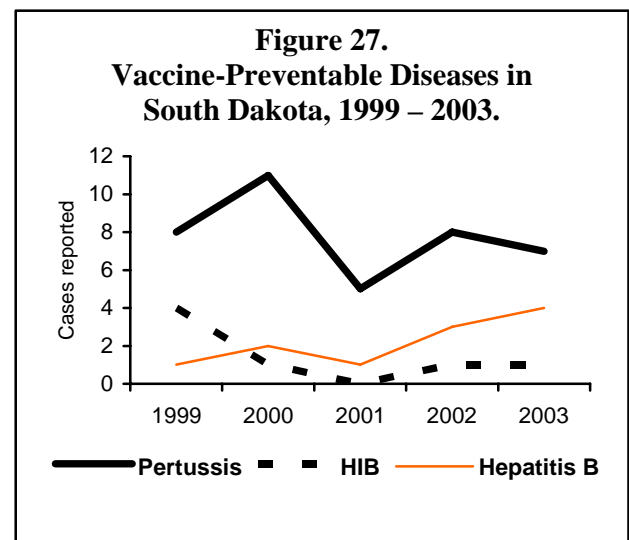
Immunization is a fundamental component of comprehensive child health care. The South Dakota statewide goal is to immunize 90 percent of 2-year old children for measles, mumps, rubella, diphtheria, pertussis, Polio, *Haemophilus influenzae* type b and varicella.

In South Dakota factors contributing to increased vaccination rates and disease reduction include enacting a statewide school immunization law in 1971; implementing child-care facility immunization standards; providing vaccines (measles vaccine distribution began in 1967, rubella in 1969, mumps in 1976, *Haemophilus influenzae* b in 1989, hepatitis B in 1993, hepatitis A in 1995, and chicken pox in 2001); and since 1978 providing free supplies of all required childhood vaccines for private and public clinic use. In 1996 the South Dakota Immunization Information System (SDIIS) was implemented, and it currently networks the immunization records of 237 health centers across the state.

During 2003 no cases of measles, mumps, rubella, diphtheria, tetanus, or polio were reported in South Dakota. Figure 27 reports the numbers of vaccine-preventable diseases reported in South Dakota over the past 5 years.

Seven cases of pertussis (whooping cough) were reported in South Dakota in 2003. Five of this year's cases were in children less than 3 years old.

Complications of pertussis may include severe cough, pneumonia, otitis media, seizures, encephalopathy, brain damage, and occasionally death. Pertussis is most severe in young infants, with 70 percent of all pertussis deaths occurring during the first year of life. The bacterial agent, *Bordetella pertussis*, has been isolated from 25 percent of adults with cough illness lasting more than 7 days. These adults often serve as a source of infection for unimmunized children.



A decade-long decreasing trend of *Haemophilus influenzae* type b is evident from the 54 cases reported in 1990 down to zero in 2001. However, recent data reveals one reported case each in 2002 and 2003. Invasive *H. influenzae* disease can cause meningitis, pneumonia, osteomyelitis, epiglottitis, cellulitis and pericarditis. This preventable disease has a case-fatality rate of 2 percent to 5 percent.

In 1996 the national Advisory Committee on Immunization Practices (ACIP) made their first statement on recommendations for usage of live, attenuated varicella virus vaccine (VARIVAX) which was licensed in 1995. In 1999 ACIP expanded the recommendations to include childcare and school entry requirements. During

the 2000 South Dakota legislative session Senate Bill 42 was passed adding varicella vaccine to the list of immunizations required for school entry. Varicella (chickenpox) deaths became a reportable disease event in South Dakota in 2001.

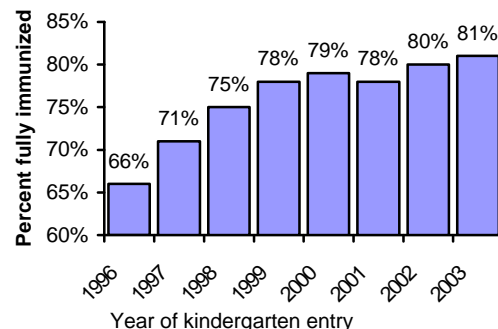
Immunization requirements for entrance into South Dakota schools since 2000 have included:

- a) 4 doses of diphtheria, tetanus, pertussis vaccine (DTaP or DTP), and
- b) 3 doses of poliovirus vaccine, and
- c) 2 doses of measles vaccine, and
- d) 2 doses of rubella vaccine, and
- e) 2 doses of mumps vaccine, and
- f) 1 dose of chicken pox vaccine.

The DOH strives to enroll all children in South Dakota in SDIIS. Each year a retrospective immunization rate study is conducted. The immunization rates are based on the percentage of the current year's kindergarten students who were adequately immunized with four doses of DTaP, three doses of Polio, and one dose of Measles-Mumps-Rubella vaccines at 24 months old.

For example, in 1995 there were 10,470 children born in South Dakota. When these children entered kindergarten in fall 2000, their immunization records were reviewed by their local school to make sure they had had all the immunizations required by South Dakota law. This information is reported to the DOH and the percent of those fully immunized is calculated. The retrospective survey reports immunization rates at 24 months of age for this year's kindergarten children.

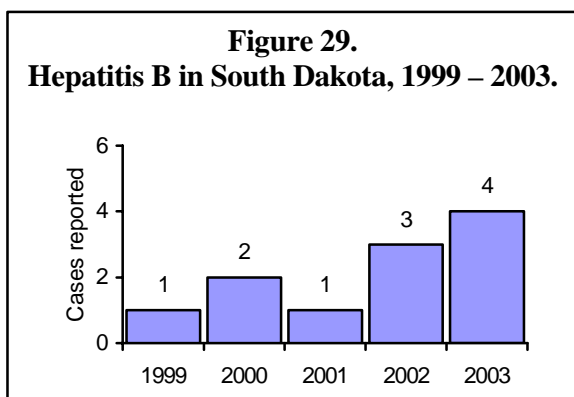
Figure 28.
South Dakota Statewide 2-Year Old
Immunization Rates, 1996 - 2003
(SDIIS Retrospective Survey).



In 2003, 81 percent (8266/10265) of children entering kindergarten in South Dakota were adequately immunized (Figure 28). There has been a generally improving trend in vaccination coverage since the SDIIS was launched in 1996, but we are still far short of our 90 percent immunization coverage objective.

Viral Hepatitis. There were 4 cases of acute hepatitis B reported in 2003 (Figure 29). Hepatitis B is caused by a virus transmitted by blood and other body fluids. It can cause lifelong infection, liver cirrhosis, liver cancer, liver failure, and death. As part of a nationwide prevention program, Hepatitis B vaccine has been made available for routine use in newborns and for children and adolescents who did not complete vaccination as infants. Hepatitis B vaccination is not mandatory for school entry in South Dakota. Adults at risk for hepatitis B infection who should consider vaccination include: people who have more than one sex partner in six months, men who have sex with other men, sex contacts of infected people, people who inject illegal drugs, health care and public safety workers who might be exposed to infected blood or body fluids, household contacts of persons with chronic HBV infection and hemodialysis patients.

Figure 29.
Hepatitis B in South Dakota, 1999 – 2003.

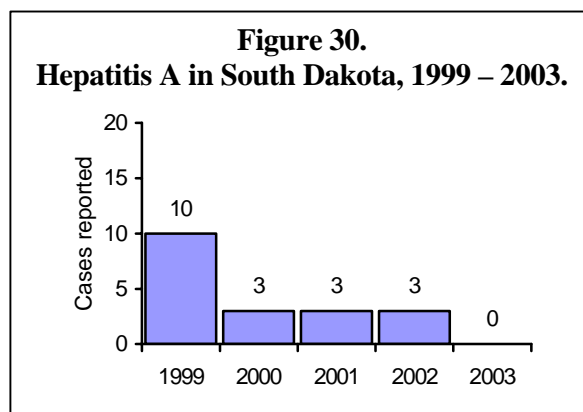


In 2003 there were no cases of hepatitis A reported in South Dakota (Figure 30). Over the past 5 years there has been a decreasing trend in the incidence of hepatitis A in South Dakota. The Healthy People 2010 target is 4.5 new cases of hepatitis A per 100,000 population.

Hepatitis A is a virus shed in the feces and transmitted person-to-person or by contaminated food or water. The illness causes mild to serious liver disease. To prevent hepatitis A the vaccine

has been made available for use in high-risk children 2-18 years of age.

Figure 30.
Hepatitis A in South Dakota, 1999 – 2003.



Although more than 300 reports of patients with anti-hepatitis C virus antibody were received by the DOH, no cases of acute hepatitis C were reported.

SEXUALLY TRANSMITTED DISEASES

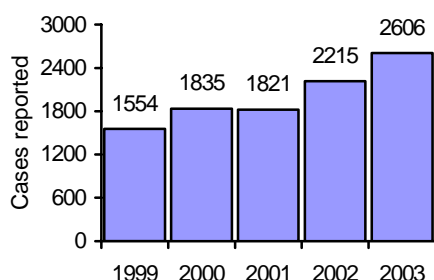
Sexually transmitted diseases (STDs) include several bacterial and viral infections that can be passed person-to-person by genital, oral or anal sexual contact. STDs include gonorrhea, chlamydia, genital herpes, syphilis, genital warts, HIV infection, chancroid, trichomoniasis, lymphogranuloma venereum, and others. All STDs have the potential to cause serious illness, but most are treatable. STDs are preventable by abstinence, uninfected partner monogamy, and proper use of condoms.

Over the past decade, South Dakota has generally reduced the occurrence of STDs through intensive efforts to identify and treat infected persons. Although gonorrhea and chlamydia cases have decreased, they are still common. Syphilis and lymphogranuloma venereum have become rare, and chancroid is almost unheard of in our state. STDs in South Dakota primarily affect young

people between the ages of 15 and 24 years, and minority populations.

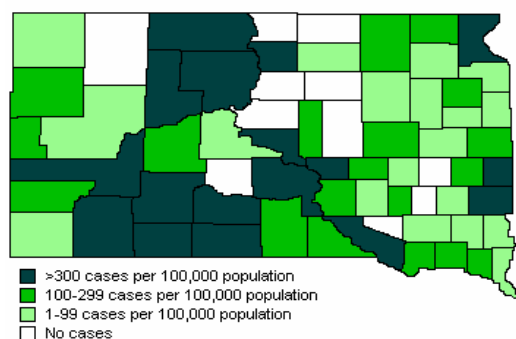
Chlamydia. Chlamydia is the most commonly reported STD in South Dakota. During 2003 the DOH received 2,606 case reports (Figure 31), which is an incidence rate of 344 cases per 100,000 population. This was an increase of 43 percent over the 5-year median. Counties with the highest incidence (cases per 100,000 population) included Shannon (2331), Dewey (2066), Todd (1780), Buffalo (1341), Corson (1256), Charles Mix (880), Bennett (675) and Roberts (639) (Figure 32).

Figure 31.
Chlamydia in South Dakota,
1999 – 2003.



Nationally the incidence of chlamydia was 304 cases per 100,000 population. South Dakota ranked 12th with an incidence of 344.

Figure 32.
Chlamydia Incidence Rates by County,
South Dakota, 2003.

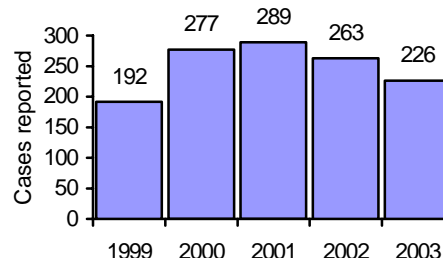


Screening for chlamydia infection has become standard practice for many health care providers in the state. Indian Health Service, family planning clinics, and many private providers have incorporated chlamydia screening as part of the routine health examination for sexually active young women. Screening follow-up encompasses treatment and partner referral. Because screening efforts are focused on women, female infections are more likely to be identified than males. Our data show that 71 percent of chlamydia cases were female in 2003.

Young people between 15 and 24 years old accounted for 71 percent of the chlamydia cases reported in 2003. Although Native Americans comprise 9 percent of the state's population, a disproportionate share, 46 percent, of chlamydia case reports were in this population group. This higher disease rate necessitates continued targeting of screening and disease intervention among Native Americans.

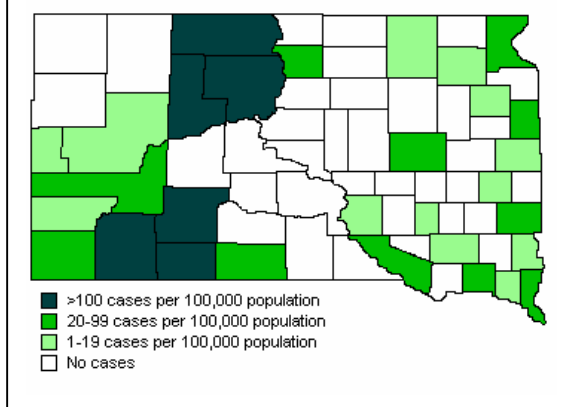
Gonorrhea. Over the past 2 years South Dakota has seen a decrease in gonorrhea from a peak in 2001. There were 226 cases of gonorrhea in 2003 (Figure 33), which is an incidence of 30 cases per 100,000 population, which is a 14 percent decrease over the 5-year median.

Figure 33.
Gonorrhea in South Dakota,
1999 – 2003.



Thirty-five percent of the gonorrhea case reports occurred in the white population, and 59 percent were female. The Healthy People 2010 objective is 19 new cases of gonorrhea per 100,000 population. Counties with the highest incidence (cases per 100,000 population) included Corson (474), Dewey (397), Shannon (203), Ziebach (199), Jackson (176) and Bennett (113) (Figure 34).

**Figure 34.
Gonorrhea Incidence Rates by County,
South Dakota, 2003.**

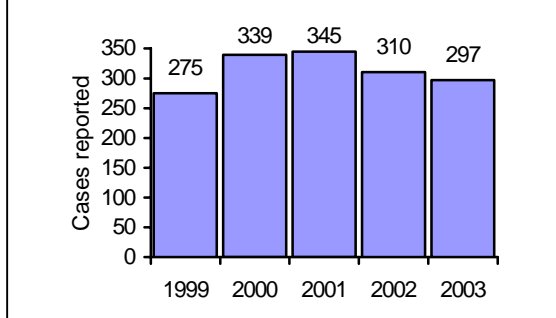


Nationally the incidence of gonorrhea was 116 cases per 100,000 population. South Dakota ranked 41st with an incidence of 30. The year 2010 objective is 19.

Sexually active adolescents and young adults are the population most at risk with 65 percent of the gonorrhea cases reported being 15 to 24 years old. Females represented 59 percent of the case reports during 2003. The Native American population was disproportionately affected with 58 percent of the reported cases.

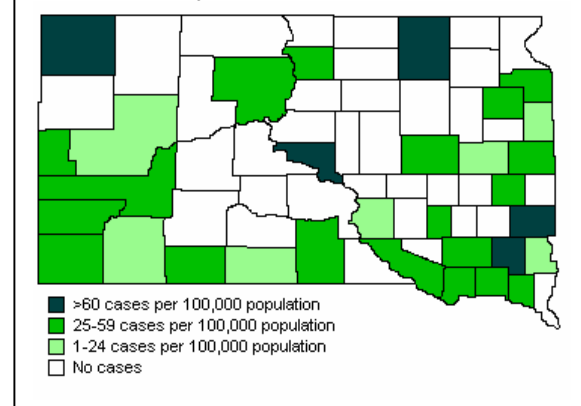
Herpes. Genital herpes became reportable in 1993 in South Dakota. Since then the case reports have increased. In 2003, 297 cases were reported (Figure 35), which is a 4 percent decrease over the 5-year median, and a 4 percent decrease over 2002.

**Figure 35.
Genital Herpes in South Dakota,
1999 – 2003.**



Eighty-nine percent of the herpes case reports occurred in the white population, and 84 percent were female. Counties with the highest incidence (cases per 100,000 population) included Brown (71), Turner (69), Minnehaha (67) and Hughes (67) (Figure 36).

**Figure 36.
Genital Herpes Incidence Rates by
County, South Dakota, 2003.**



Genital herpes is a recurrent, incurable viral disease caused by the herpes simplex virus 1 or 2. The infections may be asymptomatic, cause genital lesions, or rarely, severe complications such as encephalitis or disseminated infection.

Management of genital herpes depends on clinical presentation, and may include antiviral therapy and counseling for behavior adaptations and prevention.

Syphilis. There were two cases of infectious primary syphilis and three cases of early latent syphilis reported in South Dakota in 2003 (Table 56).

The CDC's national syphilis elimination strategy has a goal of eliminating sustained transmission of syphilis by 2005. South Dakota participates in syphilis elimination through expedited case management, partner referral, and interstate coordination of outbreak investigations. Over the last several years only sporadic reports of syphilis have been reported in the state. Due to prompt

intervention and control efforts, syphilis transmission has typically been limited and has not spread within the state.

Table 56.
Syphilis in South Dakota, 1991-2003.

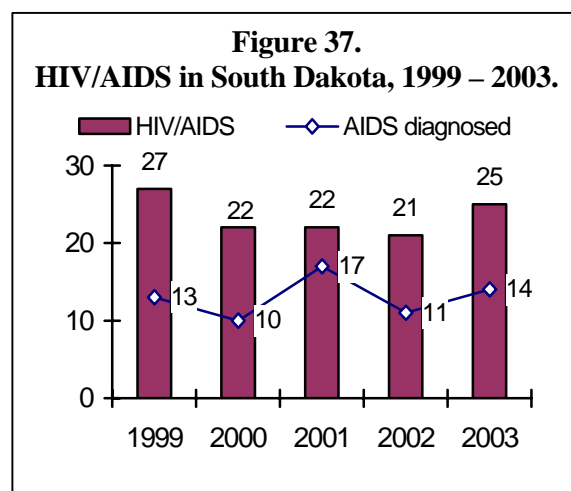
Year	Primary and Secondary	Congenital	Early Latent	Late Latent
1991	1	0	5	5
1992	1	0	0	0
1993	0	0	1	0
1994	2	0	0	1
1995	0	0	1	6
1996	0	0	0	2
1997	1	0	2	5
1998	1	1	0	1
1999	0	1	1	1
2000	0	0	0	1
2001	1	0	0	0
2002	0	0	0	0
2003	2	0	3	0
Total	9	2	13	22

HIV/AIDS

Acquired immunodeficiency syndrome (AIDS) is caused by an infection of human immunodeficiency virus (HIV). HIV targets the CD4+ lymphocyte, diminishing the body's immuno-capacity to resist other infections and cancers. From 1981, when AIDS was first identified in the United States, through December 2002, 886,575 AIDS cases had been reported to the CDC. Of these cases, 501,669 (58 percent) are estimated to have died.

AIDS became a reportable disease in South Dakota in 1985 and HIV infection became reportable in 1988. Through December 2003 there were 443 cases of HIV/AIDS reported in the state (218 AIDS cases and 225 HIV cases). In 2003 there were 25 new cases of HIV reported and 14 new cases of AIDS diagnosed. Figure 37 shows the number of combined new HIV/AIDS cases reported to the DOH by year and the

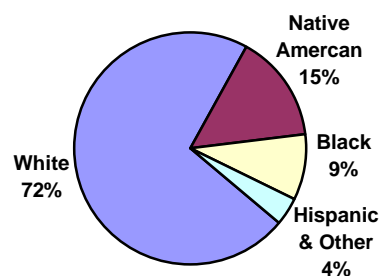
number of conversions to AIDS. South Dakota has the second lowest incidence rate of AIDS in the USA. In 2003 the incidence rate was 3.3 cases per 100,000.



In 2002 there were more women (62 percent) than men (38 percent) reported with HIV/AIDS. In South Dakota the number of females with HIV is still small, 19 percent cumulative as of December 2003, but the number is generally increasing yearly. Most women who become infected with HIV are in their childbearing years.

Nationally there are a disproportionate number of AIDS cases in the Black and Hispanic communities. South Dakota's minority groups are also disproportionately affected by HIV/AIDS (Figure 38). Blacks made up 9 percent of the HIV/AIDS cases in the state, but comprise less than 1 percent of the total population. Native Americans comprised 15 percent of the state's HIV/AIDS cases, but 9 percent of the population; and Hispanic & other residents accounted for 4 percent of the HIV/AIDS cases, but only 1 percent of the population. White people make up 89 percent of the state's population, and 72 percent of the HIV/AIDS cases.

Figure 38.
HIV/AIDS by Race or Ethnic Group,
South Dakota, 1985-2003. (n=418).

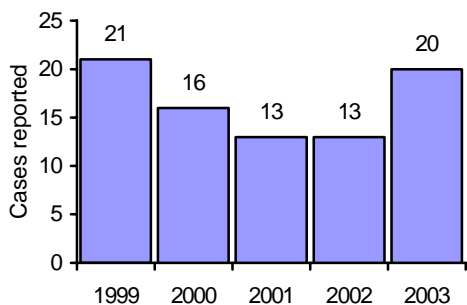


The DOH coordinates a statewide HIV/AIDS prevention and control program. Counseling and testing sites are located in Pierre, Aberdeen, Watertown, Dupree, Rapid City, and Sioux Falls. These sites provide free, confidential counseling and testing for HIV. A toll-free statewide hotline (1-800-592-1861) is available to answer questions about AIDS and HIV during working hours. The national 24-hour AIDS number is 1-800-342-2437.

TUBERCULOSIS

During calendar year 2003, 20 cases of active tuberculosis were reported (Figure 39) to the DOH, including 10 Native Americans (50 percent), 6 whites (30 percent) and 4 Asians (20 percent).

Figure 39.
Tuberculosis in South Dakota,
1999 – 2003.



The overall incidence rate was 2.6 per 100,000; with an incidence of 14.6 for Native Americans, 9.0 for whites and 69.4 for Asians. Of the cases reported in 2003, 11 were males (55 percent) and nine were females (45 percent).

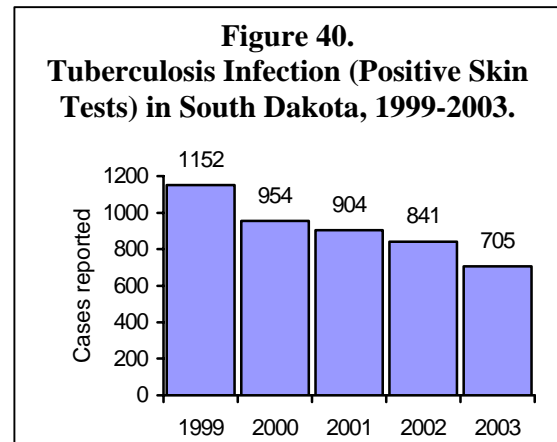
The DOH's goal is the elimination of tuberculosis in South Dakota. The objective of the State Tuberculosis Elimination Advisory Committee was to reduce the incidence of tuberculosis in South Dakota to no more than 3.5 cases per 100,000 population by the year 2010. This overall target has been reached, including the special objective for the Native American population, which is 15 cases per 100,000. The 2003 Native American case rate was 14.6 cases per 100,000. The Healthy People 2010 target is

1.0 new cases of tuberculosis per 100,000 per year.

The occurrence of tuberculosis in young children is of special concern. Each child case represents a failure to stop transmission of infection and a failure to prevent the emergence of disease in an unexposed person. There were two cases of tuberculosis reported in 2003 in children less than five years of age.

There were no tuberculosis cases reported with drug resistance in 2003. The only case of multi-drug resistant tuberculosis was reported in 1991.

In 2003 there were 705 reports of positive skin tests for tuberculosis infection (Figure 40). Since no data is collected on negative tests, it is not known how many people were skin tested overall. Skin testing is targeted to detect persons with latent tuberculosis infection and disease who would benefit from treatment. A positive skin test indicates that the person has been exposed to active tuberculosis, and the determination of active disease must follow.



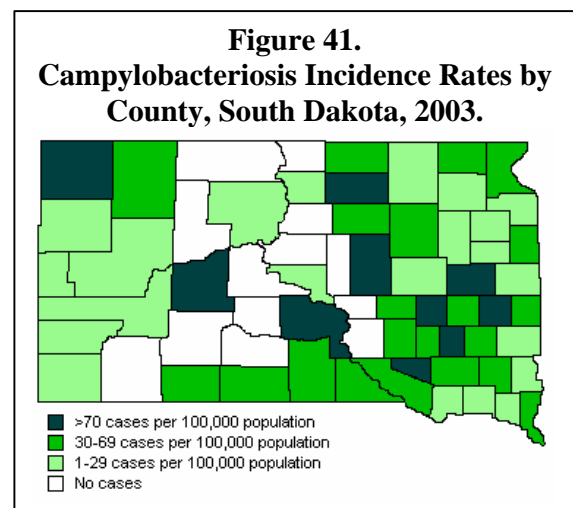
The DOH has an aggressive tuberculosis control strategy that includes contact investigations and rigorous oversight of patient treatment adherence. The challenge to eliminate tuberculosis in South Dakota rests with preventing and monitoring disease activation among the elderly, the Native American population, and foreign-born persons.

FOODBORNE and DIARRHEAL DISEASES

Campylobacteriosis. *Campylobacter* has been the most commonly isolated enteric bacteria in South Dakota since 1999 (Table 53). In 2003 there were 188 cases of campylobacteriosis, which is an incidence of 25 cases per 100,000 population. This was a 32 percent increase over the five-year baseline. This increase suggests a change in the transmission or the detection of campylobacteriosis in the state. Twenty-two percent of the cases were in children less than five years old. Counties with the highest incidence (cases per 100,000 population) included Sanborn (191), Douglas (146), Lyman (126), Edmunds (115) and Hand (109) (Figure 41).

Campylobacter is a spiral-shaped Gram negative bacteria that can cause diarrhea, often bloody, abdominal pain, vomiting, fever, nausea, and malaise. Most cases of campylobacteriosis are

relatively mild, lasting one to two days. Some cases,



however, are more severe and relapses occur in about 20 percent of patients. Complications may include convulsions, neonatal septicemia, extraintestinal infection, arthritis, Guillain-Barré syndrome, or Reiter syndrome. *Campylobacter* associated deaths are rare, occurring primarily in infants, the elderly, and immunocompromised individuals.

Salmonellosis. There were 131 culture-confirmed cases of salmonellosis reported in South Dakota in 2003, which was an incidence of 17 cases per 100,000 population. This was an increase of 8 percent from the five-year median. Twenty-one percent of the cases were reported in children less than five years old. Counties with the highest incidence (cases per 100,000 population) included Corson (119), BonHomme (56) and Roberts (50) (Figure 42).

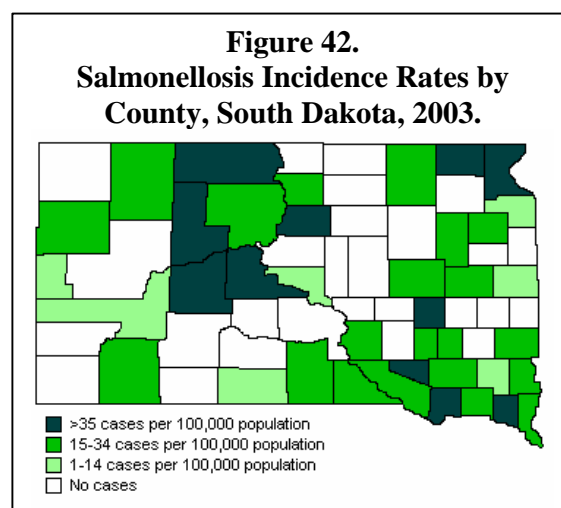
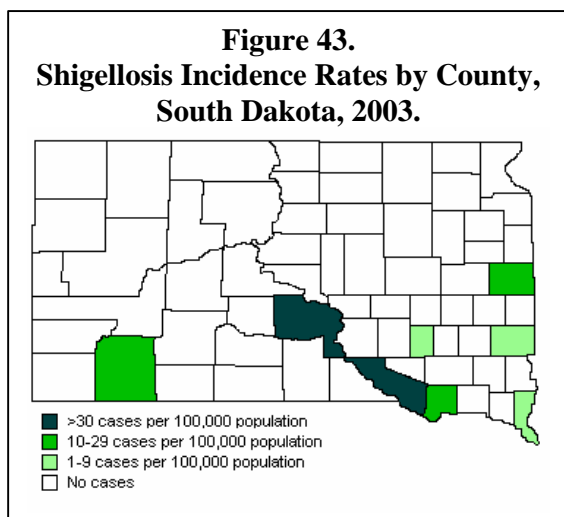


Table 57 shows the most commonly isolated serotypes of *Salmonella* over the past 11 years in South Dakota. *S. typhimurium* was the most commonly isolated serotype in 2003.

Table 57. Most Common Salmonella Serotypes, South Dakota, 1993-2003.

Salmonella serotype	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	Total	Percent
Agona	3	2	3	4	2	2	0	2	0	0	0	18	1%
Bovismorbificans	0	1	2	0	0	2	1	0	1	0	0	7	1%
Braenderup	1	0	0	0	1	0	3	3	2	0	3	13	1%
Brandenburg	6	0	1	1	0	0	0	0	0	0	0	8	1%
Enteritidis	20	68	23	11	8	8	8	9	12	14	15	196	15%
Hadar	4	2	3	1	4	4	0	7	5	0	7	37	3%
Heidelberg	10	1	3	6	1	6	6	11	22	10	3	79	6%
Infantis	3	2	1	1	1	0	0	1	2	1	1	13	1%
Litchfield	0	0	0	0	0	1	2	1	0	2	1	7	1%
Montevideo	0	2	2	1	3	2	2	1	1	4	3	21	2%
Muenchen	2	0	2	0	3	2	4	2	1	3	2	21	2%
Muenster	0	0	0	0	0	2	1	2	1	2	0	8	1%
Newport	2	2	2	1	9	8	8	5	6	11	9	63	5%
Oranienburg	1	0	0	2	1	3	2	0	1	1	2	13	1%
Paratyphi A	0	0	0	0	0	1	0	1	0	0	0	2	0%
Paratyphi B	0	0	1	1	0	4	2	1	4	0	5	18	1%
Poona	0	1	0	2	0	0	1	0	0	0	0	4	0%
Reading	0	0	4	0	0	2	0	0	0	0	0	6	1%
Saint Paul	1	1	1	0	0	1	3	1	1	1	5	15	1%
Senftenberg	1	0	0	2	0	0	0	1	1	0	0	5	0%
Thompson	0	2	3	39	3	3	2	1	2	2	0	57	4%
Typhimurium	28	36	30	24	28	61	40	28	48	36	50	409	32%
Typhimurium-Copenhagen	0	3	5	7	15	3	2	5	0	0	0	40	3%
Other serotypes	17	20	22	16	11	17	13	18	41	34	25	234	18%
Total	99	143	108	119	90	132	100	100	151	121	131	1294	100%

Shigellosis. In 2001 South Dakota experienced a wide-scale outbreak of shigellosis. There were 716 cases of shigellosis reported, representing a 2210 percent increase over the five-year median. This was an incidence of 95 cases per 100,000 population, the highest in the USA. Twelve counties in the central-southwest portion of the state were most affected. Two years later, in 2003, Shigellosis cases have decreased back near baseline with 17 cases representing a 48 percent decrease over the five-year median. This was an incidence of two cases per 100,000 population. Figure 43 shows shigellosis incidence rates (cases per 100,000 population) by county in South Dakota for 2003.



Shigella sonnei was the most common species isolated since 1993 (68 percent), while *S. flexneri* was the second most common (Table 58).

Shigellosis is an intestinal infection causing diarrhea (may be mucoid or bloody), fever, nausea, vomiting and abdominal cramps. Complications, such as severe dehydration or seizures, may occur, especially among infants.

Table 58. Most Common *Shigella* Serotypes, South Dakota, 1993-2003.

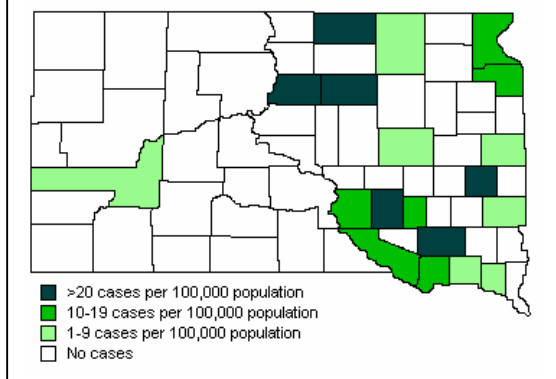
Year	S. flexneri	S. sonnei	S. boydii	Species UD	Total
1993	31	68	1	11	111
1994	16	163	0	28	207
1995	35	128	0	37	200
1996	28	55	0	11	94
1997	16	13	0	2	31
1998	12	16	0	5	33
1999	13	4	0	1	18
2000	2	2	0	4	8
2001	6	508	1	201	716
2002	5	113	0	39	157
2003	3	9	0	5	17
Total	167	1079	2	344	1592
Percent	10%	68%	<1%	22%	100%

Shigella is transmitted by the fecal-oral route (human feces), with a very small dose (10 organisms) sufficient to cause illness. Following exposure, illness usually follows after a one to four day incubation period. Transmission is typically person-to-person within families, child day care centers, and residential living services for the developmentally disabled. Food may also be contaminated by people not washing their hands properly. Shigellosis may also be transmitted by contaminated drinking or recreational water, anal intercourse, houseflies, or by fecally contaminated objects.

Enterohemorrhagic *Escherichia coli*.

Escherichia coli O157:H7 infection has been voluntarily reportable in South Dakota since 1994, and legally reportable since 1996. During 2003 there were 29 cases of *E. coli* O157:H7 reported, representing a 43 percent decrease from the five-year median. This was an incidence rate of four cases per 100,000 population. Fifty-five percent of the cases were in children less than 15 years of age. There was one case of HUS associated with *E. coli* infection. Figure 44 shows *E. coli* O157:H7 incidence rates (cases per 100,000 population) by county in South Dakota for 2003.

Figure 44.
***E. coli* O157:H7 Incidence Rates by**
County, South Dakota, 2003.



E. coli O157:H7 is only one of several enterohemorrhagic, shiga-toxin producing serotypes of the bacteria. There were also four cases of enterohemorrhagic *E. coli* (non-O157 serotype) reported.

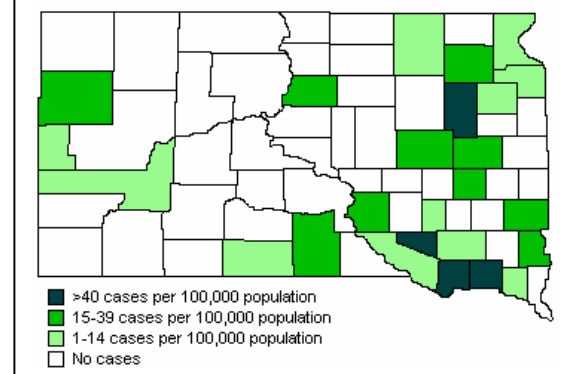
E. coli O157:H7 often causes severe bloody diarrhea and abdominal cramps. The illness usually resolves in five to 10 days. In some individuals, however, complications may involve severe hemorrhagic colitis, hemolytic uremic syndrome (HUS), or thrombotic thrombocytopenic purpura.

E. coli O157:H7 is transmitted by meat, water, fresh vegetables or other foods contaminated by the intestinal contents or manure of cattle, sheep, deer, and other animals. Human infection can be prevented by proper slaughtering methods, thorough cooking of meats, proper kitchen hygiene, pasteurization of fruit juices and dairy products, and handwashing after contact with cattle or manure. Individuals with *E. coli* O157:H7 infection are restricted from commercial food handling, child day care, or patient care until two successive negative fecal samples are collected.

Giardiasis. Giardiasis is a gastrointestinal disease caused by a protozoan parasite called *Giardia lamblia* (*G. intestinalis*) which is transmitted person-to-person or by contaminated water. During 2003, 89 cases of giardiasis were

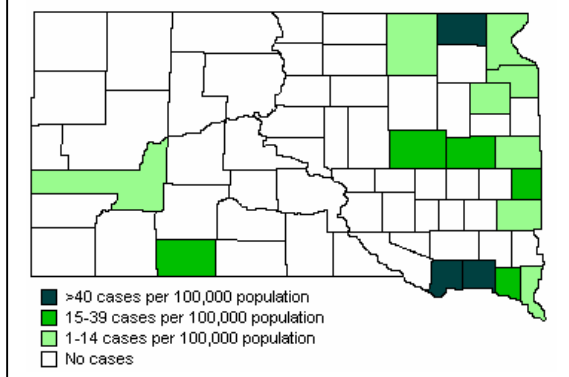
reported. This represents a 17 percent decrease from the five-year median. Thirty-five percent of the cases were from children less than 15 years of age. Counties with the highest incidence (cases per 100,000 population) included BonHomme (70) and Yankton (51) (Figure 45).

Figure 45.
Giardiasis Incidence Rates by County,
South Dakota, 2003.



Cryptosporidiosis. Cryptosporidiosis is a protozoan diarrheal disease transmitted by cattle and human feces. The disease has been reportable since 1996. Since then, 169 cases have been reported statewide. In 2003 there were 49 cases reported representing a 220 percent increase over the five-year median. Generally, an increase in reported cases is occurring nationally with outbreaks often being traced to exposures to contaminated swimming pools and other recreational water sources. The counties with the highest incidence (cases per 100,000 population) include BonHomme (97) and Yankton (74) (Figure 46).

Figure 46.
Cryptosporidiosis Incidence Rates by
County, South Dakota, 2003.



Foodborne Outbreaks. The Office of Disease Prevention investigated only one foodborne outbreak of gastroenteritis in May of 2003. The outbreak sickened 22 individuals attending an economic development meeting, with the predominant symptoms being diarrhea and abdominal cramps. A total of 83 participants were interviewed. There were no deaths or hospitalizations. The likely cause of the outbreak was improper preparation and temperature abuse

of roast pork and beef. The causative agent was likely an anaerobic toxin-producing *Clostridium perfringens* bacteria, which would have undergone amplification and toxin production in the interior of the meats. The toxin produced from the bacteria is heat stable and would have retained activity through the cooking process employed. Four stool samples tested negative for standard bacterial and viral enteric agents by the State Laboratory; however, no test was employed to detect an anaerobic bacteria or related toxin. Fortunately, good epidemiological data including the symptom profile of ill persons, latency time from exposure to illness onset, duration of symptoms, and the statistical implication of the meats and their reported methods of their preparation, give strong evidence for *Clostridium perfringens* toxin as the causative agent. Education was provided to the owner of the facility and food preparers involved to prevent reoccurrences of this disease.

INFLUENZA

The CDC's Division of Viral and Rickettsial Diseases, collaborating with the World Health Organization, collects and analyzes influenza viral isolates and data from state health departments and other surveillance sites. The information presents a state, national and global description of the seasonal outbreak.

South Dakota participates in this international surveillance network through the Department of Health, Office of Disease Prevention and the State Public Health Laboratory. The laboratory cultures and characterizes influenza virus isolates while the Office of Disease Prevention investigates and reports influenza-associated morbidity.

We define influenza-associated morbidity as being those illnesses with a fever $\geq 101^{\circ}$ F and three or more cold symptoms such as cough, coryza, headache, chills, sore throat, or myalgia. Surveillance for influenza typically runs each October through May in the Northern Hemisphere. South Dakota's laboratory surveillance for influenza viruses involves a statewide network of sentinels including physician offices with a laboratory, hospital laboratories, large clinic practice labs, college health services, and community health centers that collect throat swabs on patients meeting the above mentioned clinical criteria. The State Public Health Laboratory provides the culture/transport media and reports the culture results, including the subtype of virus isolated. Other surveillance activities include monitoring school absenteeism in sentinel communities, URI visits in emergency rooms, soliciting reports from private laboratories that provide rapid diagnostic test services for URI's, and passive surveillance for outbreak activity in long term care facilities. The USD Clinical Virology Laboratory also processes viral respiratory specimens.

South Dakota's first influenza cases of the 2003-2004 season were reported during the week ending 15 November 2003. During that week two culture confirmed cases of influenza A (later

typed as A/H3N2) were detected in Minnehaha and Pennington Counties. Influenza activity increased swiftly over the next four weeks peaking in mid-December (see figure below). Thereafter, activity decreased sharply with the last report on 23 February 2004. (Figure 47).

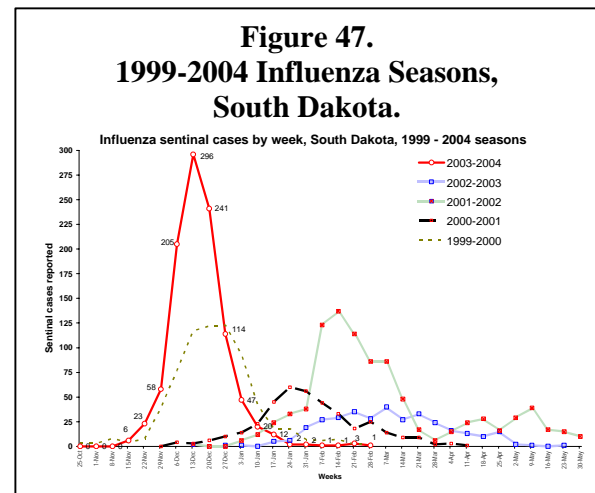


Table 59. Age Distribution of Sentinel Influenza Cases, South Dakota, 2003-2004 Season.		
Age group	n	Percent
< 1 yr	127	12%
1 - 9 yr	320	31%
10 - 19 yr	229	22%
20 - 29 yr	98	10%
30 - 39 yr	44	4%
40 - 49 yr	25	2%
50 - 59 yr	38	4%
60 - 69 yr	49	5%
70 - 79 yr	50	5%
80 - 89 yr	33	3%
90+ yr	14	1%
TOTAL	1027	100%

season included RSV (respiratory syncytial virus) 865, adenovirus 71, and parainfluenza-1, -2 and -4, 293.

Table 60. Viral Respiratory Reports from the South Dakota Public Health Laboratory (SDPHL)** and the USD Clinical Virology Laboratory (USD-CLV)**; 1 Nov 2003 – 29 May 2004.			
	SDPHL [?]	USD-CVL ^o	TOTAL
Influenza A	200*	905	1105
Influenza B	0	2	2
Adenovirus	0	71	71
RSV	2	863	865
Parainfluenza-1	2	115	117
Parainfluenza-2	0	0	0
Parainfluenza-3	1	136	137
Parainfluenza-4	0	39	39
*138 isolates of Influenza A/H3N2, 62 untyped Influenza A			
**Represents all specimens tested and may include out-of-state cases			
[?] In cooperation with Influenza Surveillance Sentinel Sites			

Nationally, influenza viruses were first isolated in Texas in October 2003. The percentage of positive influenza tests and the proportion influenza-like illness in outpatient visits to sentinel physicians increased substantially in November and peaked in mid-December.

Nationally, influenza A(H3N2) viruses were most commonly isolated, with small numbers of influenza B and influenza A (H1) viruses identified. 130,577 respiratory specimens were tested for influenza viruses; 24,649 (19 percent)

Of 1,032 sentinel influenza cases reported in to the SD Department of Health 1030 (99.8 percent) were type A and two (0.2 percent) were type B. Of the influenza A reported, 138 were subtyped, all being A(H3N2). Other viral respiratory reports during the influenza

were positive, 99 percent were influenza A viruses and 1 percent were influenza B viruses. Among the influenza A viral isolates subtyped 99.9 percent were influenza A(H3N2), and 0.1 percent were influenza A(H1) viruses. Of the influenza A(H3N2) isolates characterized 89 percent were antigenically similar to the drift variant, A/Fujian/411/2002(H3N2), and 11 percent were similar to the vaccine strain A/Panama/2007/99(H3N2). A report of the 2003-2004 influenza season and the composition of the 2004-2005 influenza vaccine is found in the 2 July 2004 MMWR 53/25, page 547-552, and the ACIP *Recommendations on Prevention and Control of Influenza* are found in the 28 May 2004 MMWR 53/RR6. Link:

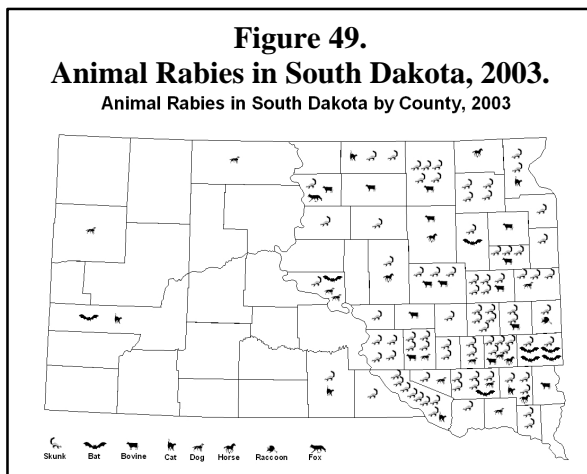
www.cdc.gov/mmwr/index.html. Surveillance for influenza is active year-round, but intensifies between October and May. South Dakota's laboratory surveillance for influenza viruses involves a statewide sentinel network including clinics, hospital laboratories, college health services, and community health centers that collect throat swabs from patients with influenza-like illness. The State Public Health Laboratory provides the culture/transport media and reports the culture results of the viral subtype isolated. The USD Clinical Virology Laboratories in Sioux Falls and Rapid City provides influenza diagnostic services in South Dakota and collaborates in SD influenza surveillance. Five SD health care providers participate in the CDC's Sentinel Physician program. These Sentinel Physicians practice in Sioux Falls, Pierre, Isabel and Rapid City. Thirty-one sites throughout the state voluntarily reported their influenza testing and cases. In South Dakota all laboratory confirmed cases of influenza are mandatory reportable events. Clinics and laboratories in SD are also required to submit weekly reports of the number of rapid antigen influenza positive tests and the total number of influenza tests performed. During the influenza season weekly summary reports are posted on the SD Department of Health Web site at: www.state.sd.us/doh/Flu/index.htm.

RABIES

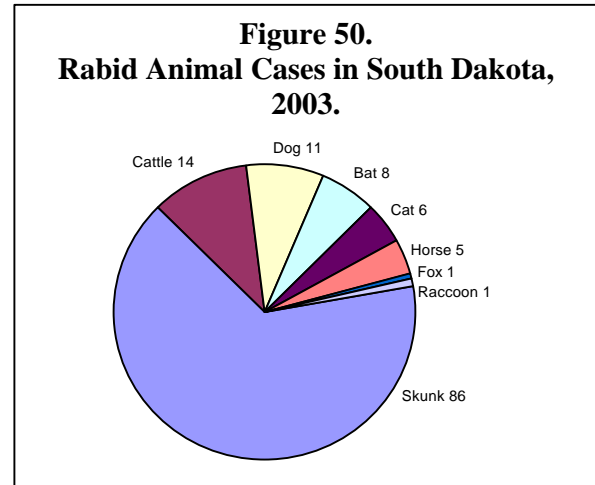
Rabies is a fatal, viral disease affecting the central nervous system. Although rabies is fatal, it is preventable.

Rabies is enzootic in South Dakota and the skunk is the primary disease reservoir. Rabies may be transmitted to pets, livestock, or humans by infectious saliva, usually through bites.

One-hundred thirty-two (132) animals tested positive for rabies in South Dakota in 2003 (Figure 49). These included 96 wild animals (86 skunks, eight bats, one fox and one raccoon) and 36 domestic animals (14 cattle, 11 dogs, six cats and five horses) (Figure 50). This is a 38 percent increase from the previous year, 2002, when 96 animals tested positive. There were no human rabies cases in South Dakota in 2003. Our last human case was in 1970.

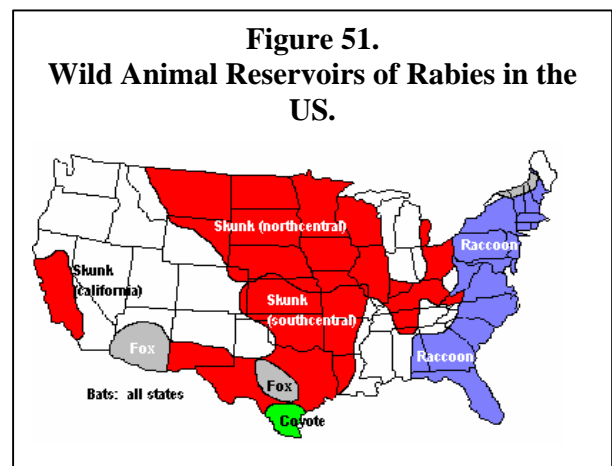


Nationally there were three human rabies cases, all deaths, in 2003. The deaths occurred in Virginia, California and Puerto Rico, due to raccoon, mongoose and bat rabies virus, respectively. Since 1990, there have been 38 cases of human rabies reported in the United States, 31 percent of which were infected with a bat rabies virus strain.



The common skunk (*Mephitis mephitis*) is the enzootic rabies reservoir in South Dakota (Figure 51). Since 1990, 68 percent of the skunks tested have been rabid. Bat rabies is also enzootic in South Dakota with 67 positive bats since 1990, 3 percent (Table 61). Figure 52 shows confirmed positive cases of all animal rabies by year since 1970.

Rabies is not considered enzootic in other wild animals in South Dakota. Since 1990, however, rabies has been detected in eight fox, three badgers, three raccoons, two bison, one opossum and one shrew. The other wild animals are probably spillover rabies following exposure to rabid skunks.



During 2003 every month had animal rabies cases reported in South Dakota, with April and July having the most events, 14 and 13 respectively.

The latest national rabies surveillance information is reported on 2002 data (Krebs, et. al., 2003). Nationally, there were 7,967 cases of animal rabies reported in 2002. According to Krebs 93 percent of the rabies cases were among wild animals and seven percent were from domestic animals. Nationally domestic animals included 299 cats, 166 cattle, 99 dogs, 58 horses/mules, 12 goats, three sheep and one swine. Wild animals testing positive for rabies included 2,891 raccoons, 2,433 skunks, 1,373 bats, 508 fox, 67 mongooses, 49 groundhogs, 33 bobcats, nine deer, four coyotes, two beavers, one fisher, one javelina, one otter, one rabbit, and one wolf-dog hybrid. Nationally rabies increased seven percent between 2001 and 2002.

Two laboratories do rabies in South Dakota: the Animal Disease Research Diagnostic Laboratory in Brookings and the State Public Health Laboratory in Pierre. Both laboratories use the direct fluorescent antibody (DFA) technique. During 2003 the Brookings laboratory tested 740 animals (101 positive, 14 percent) and the Pierre laboratory tested 352 animals (29 positive, eight percent). Two rabid animals were also tested in a neighboring state laboratory. The case definition of a confirmed animal rabies case is a positive DFA test, performed preferably on central nervous system tissue, or the isolation of rabies virus in cell culture or in a laboratory animal.

Rabies consultations are done by the Office of Disease Prevention, South Dakota Department of Health, seven days a week. Consultations are based on current Centers for Disease Control and Prevention (CDC) recommendations*. We strive to recommend appropriate rabies prevention measures and to minimize unnecessary and inappropriate post-exposure prophylactic treatment.

Figure 52.
Confirmed Positive Cases of Animal Rabies in SD by Year, 1970-2003.

Animal rabies in South Dakota, 1970 - 2003

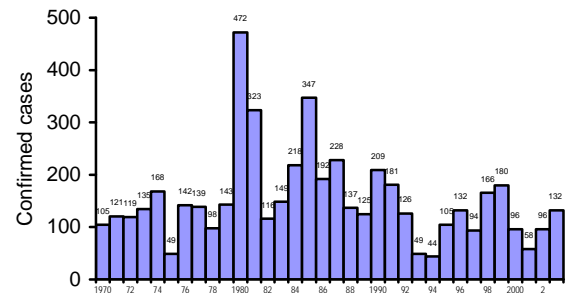


Table 61. Animals Tested and Confirmed Rabies Cases in South Dakota, 1990–2003.

Animal	Total tested	Positive	Percent Positive
Skunk	1676	1142	68%
Cattle	1945	203	10%
Dog	2668	98	4%
Cat	3850	82	2%
Bat	1935	67	3%
Horse	310	47	15%
Fox	83	8	10%
Sheep	157	6	4%
Pig	28	3	11%
Badger	20	3	15%
Raccoon	782	3	0%
Goat	33	2	6%
Bison	9	2	22%
Opossum	59	1	2%
Shrew or mole	7	1	14%
Rodents*	434	0	0%
Deer, elk, donkey, llama	82	0	0%
Weasel, ferret, mink	68	0	0%
Coyote or wolf	52	0	0%
Muskrat	37	0	0%
Squirrel or chipmunk	37	0	0%
Woodchuck	12	0	0%
Rabbit or hare	10	0	0%
Bobcat or bear	5	0	0%
Other animals	14	0	0%
TOTAL	14,313	1668	12%

*rodents (rat, mouse, prairie dog, gopher, beaver, porcupine, vole)

Table 62.
Cases of Animal Rabies, by County,
South Dakota, 1990 – 2003.

County	2003		1990 – 2003		
	Pos	Neg	Pos	Neg	% Pos
Aurora	6	3	27	90	23%
Beadle	5	18	54	229	19%
Bennett	0	0	0	24	0%
Bon Homme	1	5	11	91	11%
Brookings	4	32	69	629	10%
Brown	6	38	68	406	14%
Brule	4	2	22	131	14%
Buffalo	1	0	6	24	20%
Butte	1	27	38	255	13%
Campbell	0	4	20	64	24%
Charles Mix	9	14	32	176	15%
Clark	2	9	36	94	28%
Clay	2	7	6	123	5%
Codington	1	19	52	305	15%
Corson	1	0	7	23	23%
Custer	0	6	4	43	9%
Davison	2	19	41	416	9%
Day	4	4	48	145	25%
Deuel	1	12	49	245	17%
Dewey	0	1	24	76	24%
Douglas	2	1	23	98	19%
Edmunds	1	4	18	96	16%
Fall River	0	12	4	189	2%
Faulk	1	2	22	56	28%
Grant	1	8	31	209	13%
Gregory	1	7	13	110	11%
Haakon	0	0	9	81	10%
Hamlin	4	12	54	154	26%
Hand	2	4	30	98	23%
Hanson	3	0	14	59	19%
Harding	0	3	11	33	25%
Hughes	4	14	33	283	10%
Hutchinson	7	15	60	261	19%
Hyde	0	5	18	100	15%
Jackson	0	4	2	82	2%
Jerauld	1	0	18	61	23%
Jones	0	0	3	24	11%
Kingsbury	6	15	59	239	20%
Lake	3	14	35	224	14%
Lawrence	0	5	20	174	10%
Lincoln	1	12	12	231	5%
Lyman	0	2	2	55	4%
Marshall	1	8	27	136	17%
McCook	8	7	38	177	18%
McPherson	3	6	34	128	21%
Meade	0	10	29	254	10%
Mellette	0	1	1	17	6%
Miner	5	8	28	94	23%
Minnehaha	6	297	83	2297	3%
Moody	2	13	37	159	19%
Pennington	2	128	46	1038	4%
Perkins	0	3	10	43	19%
Potter	1	1	11	39	22%
Roberts	3	19	47	260	15%
Sanborn	1	9	22	82	21%
Shannon	0	9	0	52	0%
Spink	2	7	25	144	15%
Stanley	0	1	3	23	12%
Sully	0	0	7	18	28%
Todd	0	6	0	80	0%
Tripp	2	7	15	157	9%
Turner	5	18	42	297	12%
Union	0	9	6	136	4%
Walworth	3	31	38	313	11%
Yankton	1	5	14	191	7%
Ziebach	0	0	0	4	0%
South Dakota	132	962	1668	12645	12%

RABIES ADDRESSES, TELEPHONE NUMBERS and WEB SITES

Department of Health, Office of Disease Prevention
(rabies consultations)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 605-773-3737; 1-800-592-1861;
after hours cell phone 605-280-4810
Web: www.state.sd.us/doh/Pubs/rabies.htm

Department of Health, Public Health Laboratory
(rabies testing and submitting specimens)
615 East Fourth Street
Pierre, SD 57501-1700
Phone: 1-800-592-1861 or 605-773-3368
Web: www.state.sd.us/doh/Lab/rabies.htm

CDC Rabies homepage:
www.cdc.gov/ncidod/dvrd/rabies/default.htm

Animal Disease Research and Diagnostic Laboratory
(rabies testing)
Box 2175, North Campus Drive
South Dakota State University
Brookings, SD 57007-1396
Phone: 605-688-5171 Web: www.vetsci.sdstate.edu

South Dakota Animal Industry Board (livestock and other
animal veterinary and regulatory issues)
441 S. Fort Street, Pierre, SD 57501-4503
Phone: 605-773-3321 Web: www.state.sd.us/aib/

South Dakota Bat Working Group
http://nat_hist.sdstate.edu/SDBWG/SDBWG.html

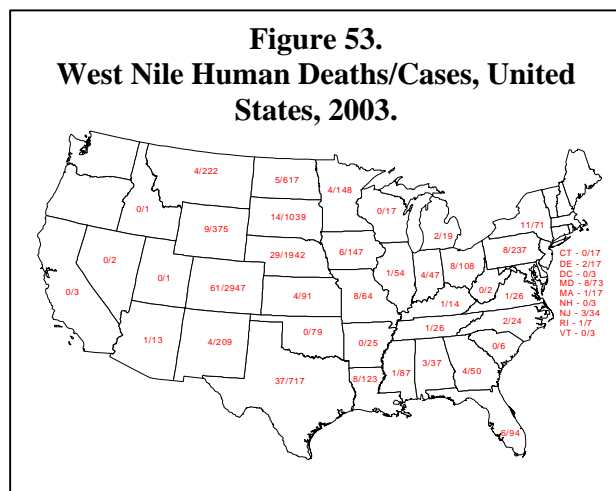
References:

- *Centers for Disease Control and Prevention. Human rabies prevention – United States, 1999: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1999; 48 (No. RR-1). www.cdc.gov/mmwr/preview/mmwrhtml/00056176.htm
- Centers for Disease Control and Prevention. Compendium of animal rabies prevention and control, 2003: National Association of State Public Health Veterinarians, Inc. MMWR 2003; 52 (No. RR-5). www.cdc.gov/mmwr/preview/mmwrhtml/rr5205a1.htm
- Krebs, JW, JT, Wheeling, and JE Childs. 2003. Rabies surveillance in the United States during 2002. Journal of the American Veterinary Medical Association 223: 1736-1748.

West Nile Virus

West Nile virus (WNV) was first detected in the Western Hemisphere in 1999 in New York City. The virus spread west across the continent, reaching South Dakota in 2002. West Nile virus is now endemic in much of North America, including South Dakota, and continues to threaten our birds, our horses, and most importantly our people.

2003 was the fifth year of WNV transmission in North America and the second transmission season in South Dakota. The 2002 epidemic centered near the Mississippi and Ohio River valleys, whereas the 2003 epidemic was centered in Great Plains region. In 2003 North America experienced the largest ever recorded arboviral epidemic. South Dakota had the third most WNV cases and the highest incidence of neuroinvasive disease (NID) in the country.

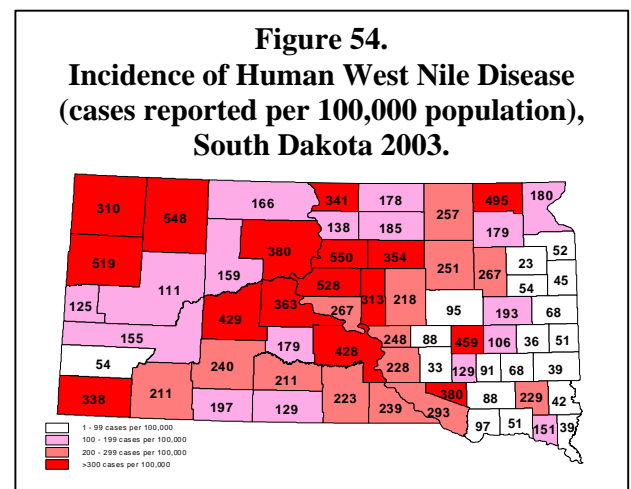


Nationally in 2003 there were 9,868 human WNV cases disease reported, with 262 deaths. The WNV cases included 2,863 NID cases (encephalitis or meningitis), 6,829 with WNV fever, and 161 other diagnostic status. The national median age was 47 years for all cases (range one month to 99 years) and 77 years for WNV deaths (range one month to 97 years).

In South Dakota there were 1,039 human cases of WNV disease and two cases of St Louis

Encephalitis (SLE) reported in 2003 (Table 64). West Nile and SLE are both mosquito-borne Flavivirus that cause similar encephalitides. Of these cases 171 were diagnosed with neuro-invasive disease (NID 16 percent) and 870 had West Nile fever (84 percent), a milder form of the disease. There were 14 WNV-related deaths reported (Figure 53). In addition, 19 individuals also developed acute flaccid paralysis associated with WNV infection. There were nine cases of pregnancy associated with WNV infection reported and investigated. During the first year of transmission, 2002, there were 37 human WNV cases, including 14 cases of NID and 23 cases of WN Fever.

Human WNV disease was reported in every South Dakota county in 2003. Pennington County had the most cases, 139, and also had the most deaths, four. The overall incidence of West Nile disease was 138 cases per 100,000 population. Figure 54 shows the incidence by county. Potter County had the highest incidence of WNV disease with 550 cases per 100,000 population; whereas, Codington County had the lowest incidence with 23 reported cases per 100,000. The high incidence counties were in the western and central part of the state. The overall statewide incidence of WNV NID was 23 cases per 100,000.



*Incidence: cases per 100,000 population

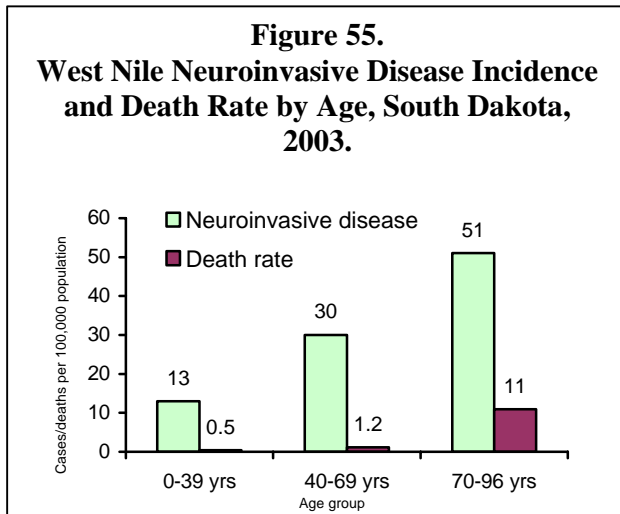
The screening of donated blood has enhanced the safety of the blood supply and prevented many cases of WNV disease. Nationally, at least 818 WNV viremic donations were detected and removed from the blood supply. In South Dakota 60 viremic blood donations were detected and removed from the blood supply. The South Dakota Department of Health also investigated four events of viremic blood transfusions or blood recipients becoming ill with WNV symptoms following transfusion.

Overall, 53 percent of the WNV cases were male (551) and 47 percent were female (490), Table 64. Males accounted for a disproportionate number of NID cases (62 percent) and deaths (71 percent). The racial profile of South Dakota WNV cases shows 90 percent (932) white cases, 10 percent (107) Native American cases, and 0.2 percent (2) cases of other races, which reflects the race proportions of the state. Native Americans, however, had a disproportionate share severe morbidity and death with 18 percent of NID cases and 21 percent of deaths.

The median age of South Dakota cases was 44 years (range <1 month – 96 years). The median age increased with the NID case (50 years) and deaths (76 years). The risk of NID is highest in individuals over 50 years of age. The highest incidence of NID

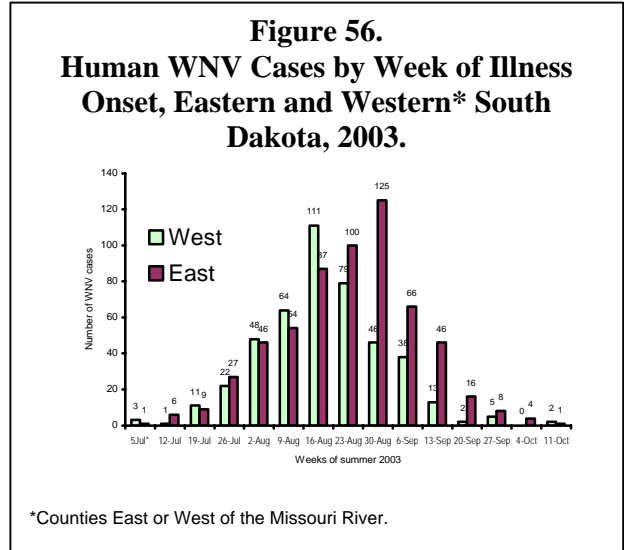
Table 63. West Nile Human and Animal Reports, South Dakota, 2003.								
County	Neuroinvasive disease	WN Fever	Total cases	Deaths	Blood donors	Birds	Horses	Other mammal
Aurora	0	1	1	0	0	1	0	0
Beadle	2	14	16	0	0	10	0	0
Bennett	2	5	7	1	0	2	1	0
Bon Homme	1	6	7	0	1	0	0	0
Brookings	4	15	19	0	0	10	2	0
Brown	6	84	90	1	8	4	3	0
Brule	2	10	12	0	0	0	1	0
Buffalo	2	3	5	0	0	0	0	0
Butte	7	40	47	0	4	2	4	0
Campbell	2	4	6	0	0	0	2	0
Charles Mix	2	25	27	0	1	0	0	0
Clark	2	9	11	0	1	0	1	dog
Clay	3	17	20	1	1	12	0	0
Codington	1	5	6	0	0	2	0	0
Corson	3	4	7	0	0	0	0	0
Custer	0	4	4	0	0	1	8	0
Davison	5	19	24	0	3	5	0	0
Day	1	10	11	0	0	4	0	0
Deuel	1	1	2	0	0	1	1	0
Dewey	5	18	23	0	0	0	0	0
Douglas	0	13	13	0	1	1	0	0
Edmunds	0	8	8	0	2	0	0	0
Fall River	7	18	25	1	0	1	10	0
Faulk	2	7	9	0	1	0	0	0
Grant	0	4	4	0	0	0	0	0
Gregory	0	11	11	0	0	0	1	0
Haakon	1	8	9	0	1	1	0	0
Hamlin	1	2	3	0	0	3	0	0
Hand	3	5	8	0	0	3	1	0
Hanson	1	2	3	0	0	0	1	0
Harding	3	1	4	0	0	0	0	0
Hughes*	3	41	44*	0	3	3	0	0
Hutchinson	2	5	7	1	4	1	0	0
Hyde	1	4	5	0	0	0	0	0
Jackson	0	6	6	0	0	0	7	0
Jerauld	2	0	2	0	2	1	0	0
Jones	0	2	2	0	0	0	1	0
Kingsbury	2	9	11	0	0	2	0	0
Lake	1	3	4	0	0	4	0	0
Lawrence	1	26	27	0	1	2	0	0
Lincoln	1	10	11	0	0	3	1	0
Lyman	2	15	17	0	0	1	1	0
Marshall	0	23	23	0	1	0	0	0
McCook	1	3	4	0	0	1	0	dog
McPherson	0	5	5	0	0	0	0	0
Meade	6	21	27	1	0	3	6	0
Mellette	2	3	5	0	0	0	0	0
Miner	0	3	3	0	0	4	0	0
Minnehaha	15	43	58	0	3	9	0	squirrel
Moody	0	1	1	0	0	3	0	0
Pennington	28	111	139	4	15	11	8	0
Perkins	1	17	18	0	0	0	1	0
Potter	3	11	14	0	1	0	0	0
Roberts	1	16	17	0	1	1	0	0
Sanborn	2	10	12	1	0	5	0	0
Shannon	11	16	27	2	0	0	1	0
Spink	4	14	18	0	0	0	0	0
Stanley*	0	10	10*	0	0	0	1	0
Sully	0	8	8	0	0	0	0	0
Todd	3	9	12	0	0	0	4	0
Tripp	3	11	14	0	0	0	1	0
Turner	2	18	20	0	1	8	0	0
Union	1	4	5	0	4	1	0	0
Walworth	2	6	8	0	0	0	0	0
Yankton	2	9	11	0	0	5	0	0
Ziebach	0	4	4	1	0	0	5	0
TOTAL	171	870	1041	14	60	131	73	4
*Hughes and Stanley County each had 1 case of St. Louis Encephalitis								

cases, 51 per 100,000, is among those 70 years and older (Figure 55). Of those cases over 70 years, 39 percent developed NID, whereas 14 percent of the younger cases developed NID (Table 64). The number and rate of WNV-associated death is also highest in those cases 70 years and older. Nine of the 14 WNV deaths (64 percent) occurred in this age group.



The first South Dakota WNV detection in 2003 was an antibody test on 8 May from a healthy, sentinel horse in Lincoln County. The initial bird detection of WNV was a crow from Hamlin County on 6 June, and the first mosquito detection was a pool of *Culiseta inornata* on 10 July from Hughes County. The first sick horse was diagnosed on 17 July in Jackson County.

The first South Dakotan to become ill was on 1 July, and the last person to become ill was on 10 October. This was a 101 day human WNV epidemic. The timeline graphic in Figure 56 shows the WNV human activity in eastern and western South Dakota in 2003. In the counties west of the Missouri River human WNV activity peaked during the week ending August 16th, while East River activity peaked two weeks later during the week ending August 30th.



Birds were collected and tested as leading surveillance indicators of WNV activity. Three-hundred-forty-six birds were submitted in 2003, of which 131 tested WNV positive using PCR on brain tissue, 142 tested negative, and 85 were not tested due to decomposition or wrong species submission. The birds testing positive included 46 blue jays, 41 crows, nine goshawks, four pelicans, three gyrfalcons, three prairie chickens, three red tail hawks, three sparrows, two mourning doves, two finches, two magpies, two owls, one cormorant, one crossbill, one duck, one goose, one robin, one woodpecker, and five birds of unknown species. Oral swab testing was run in parallel on crows and blue jays in 2003. West Nile positive birds were detected before human illness in 21 counties covering 62 percent of the state's population.

In 2003 there were 73 horse WNV cases reported from 25 South Dakota counties. There were also two dogs and two WNV positive squirrels reported in 2003. During the previous year, 2002, there were 690 horses with WNV reported, with detections in all 66 counties. During the 2002 equine epizootic 34 percent of non-vaccinated horses with WNV illness died (A.R. Jones et al., Dept of Veterinary Science, SD State University).

Table 64.
West Nile and SLE Clinical Syndromes by
Gender, Race and Age, South Dakota 2003.

	Neuroinvasive disease cases	Fever cases	Total cases	Deaths (%)
Total cases (%)	171 (16%)	870(84%)	1041	14
GENDER				
Males	107 (19%)	444 (81%)	551	10 (71%)
Females	64 (13%)	426 (87%)	490	4 (29%)
AGE				
0 - 39 years	55 (14%)	348 (86%)	403	2 (14%)
40 - 69 years	75 (14%)	457 (86%)	532	3 (21%)
70 - 99 years	41 (39%)	65 (61%)	106	9 (64%)
RACE				
White	141 (15%)	791 (85%)	932	11 (79%)
Native American	30 (28%)	77 (72%)	107	3 (21%)
Other	0 (0%)	2 (100%)	2	0

The principle route of human WNV infection is the bite of an infected mosquito. In 2003, 31 pools of mosquitoes tested PCR positive for WNV from four South Dakota counties. The mosquitoes testing WNV positive included the following species (percent of positives) *Culex tarsalis* (65 percent), *Aedes vexans* (10 percent), *Ochlerotatus dorsalis* (six percent), *Ochlerotatus fitchii* (six percent), *Aedes cinereus* (three percent), *Culex pipiens* (three percent), *Culiseta inornata* (three percent) and *Culex salinarius* (three percent). *Culex tarsalis* is thought to be the critical bridge vector between infected birds and humans.

As summer 2004 approaches we are preparing again for WNV transmission in South Dakota. Communities should improve their mosquito control programs, horses should be vaccinated, citizens should submit dead birds for testing, eliminate places where mosquitoes can grow, and everyone should use personal protective measures.

Although there are limitations to West Nile surveillance, we are provided with useful information on monitoring and managing the epidemic. In 2004 surveillance for West Nile includes tracking ill human, blood donor, equine, bird and mosquito detections, as well as pilot sentinel chicken flocks. It is not known if the human cases of WNV disease will increase or decrease in 2004. Health care providers must

appreciate that serologic testing for WNV becomes more complicated after the WNV infection becomes regionally endemic due to residual anti-WNV IgM that may be still detectable from last summer's infections.

During WNV season individuals with severe or unusual headaches should seek medical care as soon as possible. Physicians are encouraged to have a high index of suspicion for WNV disease. Free WNV testing is available at the South Dakota Public Health Laboratory for ill suspects. We do not encourage testing mildly ill patients or individuals who wish to know if they have an antibody titer. Serum or CSF should be submitted to the Public Health Laboratory. If you have any questions call the laboratory at 1-800-592-1861.

OTHER INFECTIOUS DISEASES

***Neisseria meningitidis* invasive disease.** There was a single case of invasive *Neisseria meningitidis* disease reported in 2003. The case was serogroup C. This is an incidence of 0.1 cases per 100,000 population. The Healthy People 2000 target was 1.0 new cases of meningococcal disease per 100,000 population.

Vector borne diseases in South Dakota in 2003 included five cases of Rocky Mountain spotted fever, five cases of tularemia, three cases of imported Malaria, two cases of Saint Louis Encephalitis and one case each of Lyme disease and Hantavirus Pulmonary Syndrome. The second year of transmission of West Nile virus disease in humans occurred in 2003 as detailed in the previous section. There were no cases of plague or human rabies reported in South Dakota in 2003.

Other Infectious Diseases. There were 25 cases of invasive Group A *Streptococcus*, 14 cases of invasive Group B *Streptococcus*, and one case of invasive drug resistant *Streptococcus pneumoniae* reported in 2003 (Table 53). There were also four cases of non O157:H7 enterohemorrhagic *E. coli*, one case each of Staphylococcal Toxic Shock Syndrome and Hemolytic Uremic Syndrome of unknown etiology reported in 2003.

Two cases of legionellosis and one case each of brucellosis and wound botulism were also reported in 2003.

Health Status Profiles



United States

2000 Demographic Information

2000 Population Information

Population.....	281,421,906
Percent White	75.1%
Percent American Indian	0.9%
Percent Age 65 or Over.....	12.4%
Percent Age 4 or Under	6.8%

Socioeconomic Indicators

Population Under 100% of Poverty	33,899,812
Percent of the Population	12.4%
Population Under 200% of Poverty	81,194,609
Percent of the Population	29.6%

2002 Health Status Indicators¹

Mortality⁵

Percent Low Birth Weight Infants	7.8%
Percent of Mothers Receiving Care in 1st Trimester.....	83.7%
Percent of Mothers Who Used Tobacco While Pregnant ²	11.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	0.8%
Fertility Rate ³	64.8
Teenage Pregnancy Rate ⁴	53.5

ALL CAUSES.....	847.3
Heart Disease.....	241.7
Acute Myocardial Infarction	62.3
Heart Failure.....	19.6
Atherosclerotic Cardiovascular Disease	23.6
Malignant Neoplasms (cancer)	193.2
Trachea, Bronchus, & Lung	54.7
Colon, Rectum, & Anus	19.7
Female Breast.....	28.3
Prostate.....	21.5
Pancreas.....	10.5
Leukemia	7.5
Non-Hodgkin's Lymphoma.....	7.6
Cerebrovascular Disease	56.4
Accidents.....	37.0
Motor Vehicle Accidents.....	15.7
Chronic Lower Respiratory Diseases	43.3
Influenza & Pneumonia.....	22.8
Diabetes Mellitus.....	25.4
Alzheimer's Disease	20.4
Nephritis, Nephrotic Syndrome, & Nephrosis	14.2
Intentional Self-Harm (suicide).....	11.0
Infant Mortality	7.0

Natality

Notes:

1 Only one year of U.S. data are given to compare with five years of state and county data because the numbers on the national level are much greater and do not fluctuate as much annually.

2 Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

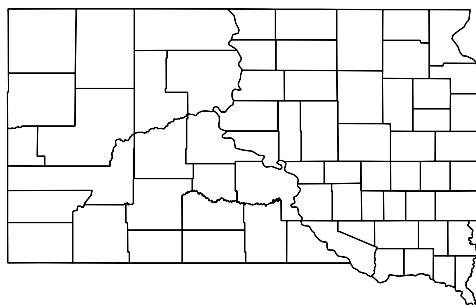
3 The fertility rate is all births per 1,000 women age 15-44.

4 Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group. The U.S. teenage pregnancy rate is from 2000.

5 The mortality rates, except infant mortality and fetal deaths are age-adjusted death rates per 100,000 population. Age-adjusting to the standard million population eliminates differences between populations, making them easier to compare. Infant mortality is calculated as the number of infant (less than one year old) deaths per 1,000 live births. The fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

South Dakota

Demographic Information



2000 Population Information

Population	754,844
Percent White	88.7%
Percent American Indian	9.0%
Percent Age 65 or Over	14.3%
Percent Age 4 or Under	6.8%

Socioeconomic Indicators

Population Under 100% of Poverty	95,900
Percent of the Population	13.2%
Population Under 200% of Poverty	240,886
Percent of the Population	33.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

●Percent Low Birth Weight Infants	6.5%
○Percent of Mothers Receiving Care in 1st Trimester	79.2%
○Percent of Mothers Who Used Tobacco While Pregnant ²	19.7%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
○Fertility Rate ³	67.2
●Teenage Pregnancy Rate ⁴	20.7

Mortality⁵

●ALL CAUSES	794.6
●Heart Disease	223.0
○Acute Myocardial Infarction	81.0
○Heart Failure	22.2
●Atherosclerotic Cardiovascular Disease	13.7
Malignant Neoplasms (cancer)	192.5
●Trachea, Bronchus, & Lung	49.4
○Colon, Rectum, & Anus	21.4
●Female Breast	24.5
○Prostate	32.0
Pancreas	11.0
○Leukemia	8.5
○Non-Hodgkin's Lymphoma	9.0
Cerebrovascular Disease	56.3
○Accidents	44.6
○Motor Vehicle Accidents	24.4
Chronic Lower Respiratory Diseases	42.4
Influenza & Pneumonia	23.7
●Diabetes Mellitus	22.9
●Alzheimer's Disease	17.4
Nephritis, Nephrotic Syndrome, & Nephrosis	13.0
○Intentional Self-Harm (suicide)	13.4
Infant Mortality	7.0

●Denotes a health status indicator which is significantly better than the national average.

○Denotes a health status indicator which is significantly worse than the national average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	519.70 FTE
PA/NP/CNM ⁷	225.10 FTE
Federally Qualified Health Care Centers ⁸	26
Rural Health Clinics ⁹	54
Community Health Services Offices	63
Public Health Alliance ¹⁰	12
Children's Special Health Services ¹¹	4
Family Planning Service Sites	18
Disease Intervention Offices ¹²	6
WIC ¹³ Only Sites	21
Bright Start Home Visits Program ¹⁴	2

Hospitals

Hospitals	15
Critical Access Hospitals ¹⁵	33
Specialized Hospitals ¹⁶	14
Veterans Administration Hospitals	3
Indian Health Service Hospitals	5

Long-Term Care

Nursing Facilities	113
Assisted Living Centers	157
Residential Living Centers	64
Home Health Agencies	61
Medicare Certified Hospices	24
Licensed Inpatient Hospices	3

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹⁰A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

¹¹CSHS provides diagnostic, consultative and care coordination services for children with special health care needs.

¹²DIS coordinate infectious disease prevention and control programs.

¹³Supplemental Nutrition Program for Women, Infants and Children.

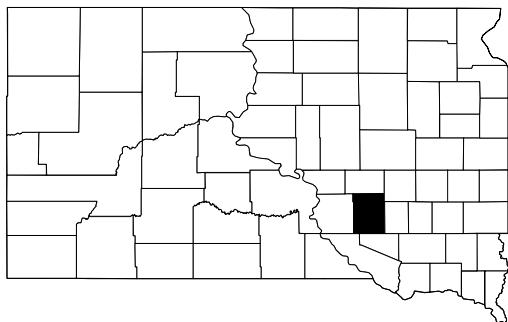
¹⁴Bright Start nurses provide home visits to expectant and new moms to help them improve their own and their babies' health and to be good parents.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as, surgical, obstetrical and emergency services.

Aurora County

Demographic Information



Aurora County is located in the south central portion of the state and averages 4.3 persons per square mile.

2000 Population Information

Population	3,058
Percent White	95.7%
Percent American Indian	2.1%
Percent Age 65 or Over	21.6%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	327
Percent of the Population	11.4%
Population Under 200% of Poverty	1,095
Percent of the Population	38.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.3%
Percent of Mothers Receiving Care in 1st Trimester	84.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	13.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	60.3
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	760.2
●Heart Disease	168.3
Acute Myocardial Infarction	82.9
Heart Failure	23.0
Atherosclerotic Cardiovascular Disease	19.1
Malignant Neoplasms (cancer)	183.1
Trachea, Bronchus, & Lung	26.7
Colon, Rectum, & Anus	36.4
Female Breast	77.0
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	57.6
Accidents	57.9
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	27.4
Influenza & Pneumonia	33.3
Diabetes Mellitus	27.8
Alzheimer's Disease	15.8
Nephritis, Nephrotic Syndrome, & Nephrosis	15.4
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.30 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Center⁸: Aurora County Clinic, Plankinton

Community Health Services & WIC¹³: Aurora County Courthouse, Plankinton

Hospitals

None

Long-Term Care

Nursing Facilities:

Aurora-Brule Nursing Home, White Lake..... 62 beds

Assisted Living Centers:

Stickney Manor, Stickney..... 8 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

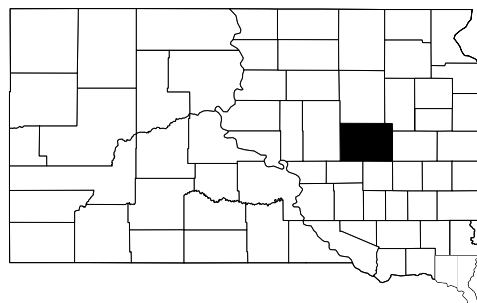
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Beadle County

Demographic Information



Beadle County is located in the center of eastern South Dakota and averages 13.5 persons per square mile.

2000 Population Information

Population	17,023
Percent White	96.9%
Percent American Indian	1.3%
Percent Age 65 or Over	19.4%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	1,977
Percent of the Population	11.9%
Population Under 200% of Poverty	5,740
Percent of the Population	34.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.6%
Percent of Mothers Receiving Care in 1st Trimester	78.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.3%
•Fertility Rate ³	59.0
Teenage Pregnancy Rate ⁴	17.7

Mortality⁵

ALL CAUSES	758.4
Heart Disease	219.3
Acute Myocardial Infarction	76.8
•Heart Failure	14.1
•Atherosclerotic Cardiovascular Disease	3.3
Malignant Neoplasms (cancer)	184.7
Trachea, Bronchus, & Lung	46.9
Colon, Rectum, & Anus	22.2
Female Breast	31.5
•Prostate	16.0
Pancreas	9.3
Leukemia	6.2
Non-Hodgkin's Lymphoma	9.5
Cerebrovascular Disease	45.8
•Accidents	28.4
Motor Vehicle Accidents	15.0
Chronic Lower Respiratory Diseases	40.5
○Influenza & Pneumonia	35.4
Diabetes Mellitus	21.7
•Alzheimer's Disease	10.2
Nephritis, Nephrotic Syndrome, & Nephrosis	12.3
Intentional Self-Harm (suicide)	15.7
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	16.00 FTE
PA/NP/CNM ⁷	8.20 FTE

Community Health Services & WIC¹³: 495 3rd SW, Huron

Family Planning Service Site:

Women's Health & Education Center, Huron

Hospitals

Huron Regional Medical Center, Huron	91 beds/10 swing ¹⁷
---	--------------------------------

Long-Term Care

Nursing Facilities:

Huron Nursing Home, Huron	157 beds
Violet Tschetter Memorial Home, Huron	58 beds

Assisted Living Centers:

Prairie Crossings, Huron	14 beds
Prairie Crossings, Huron	16 beds
Stoneybrook Suites, Huron	54 beds

Residential Living Centers:

Caring Hearts, Huron	4 beds
----------------------------	--------

Home Health Agencies:

Huron Regional Medical Center Home Health Agency, Huron

Medicare Certified Medicare Certified Hospices:

Huron Regional Medical Center Hospice, Huron

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

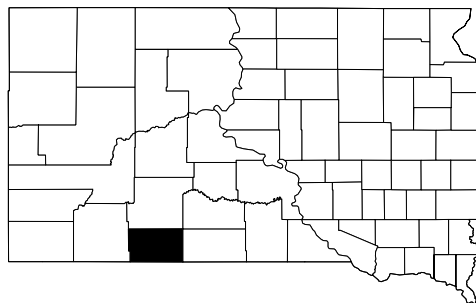
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Bennett County

Demographic Information



Bennett County is located on the southern border in western South Dakota and averages 3.0 persons per square mile.

2000 Population Information

Population	3,574
Percent White	40.9%
Percent American Indian	58.1%
Percent Age 65 or Over	11.1%
Percent Age 4 or Under	8.9%

Socioeconomic Indicators

Population Under 100% of Poverty	1,367
Percent of the Population	39.2%
Population Under 200% of Poverty	2,144
Percent of the Population	61.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.4%
○Percent of Mothers Receiving Care in 1st Trimester	53.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	20.2%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	4.9%
○Fertility Rate ³	90.1
○Teenage Pregnancy Rate ⁴	42.7

Mortality⁵

○ALL CAUSES	1028.7
Heart Disease	262.9
Acute Myocardial Infarction	50.4
Heart Failure	51.4
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	236.2
Trachea, Bronchus, & Lung	32.4
Colon, Rectum, & Anus	25.5
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	34.1
Accidents	74.6
Motor Vehicle Accidents	38.3
Chronic Lower Respiratory Diseases	71.5
Influenza & Pneumonia	51.2
○Diabetes Mellitus	65.2
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	37.9
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.80 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Center⁸:

Bennett County Family Health Care Clinic, Martin

Community Health Services, WIC¹³ & Family Planning: Bennett County Courthouse, Martin

Hospitals

Critical Access Hospital¹⁵:

Bennett County Healthcare Center,
Martin..... 20 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Bennett County Healthcare Center, Martin..... 40 beds

Assisted Living Centers:

Bennett County Healthcare Center, Martin..... 2 beds

Residential Living Centers:

None

Home Health Agencies:

Bennett County Home Health, Martin

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

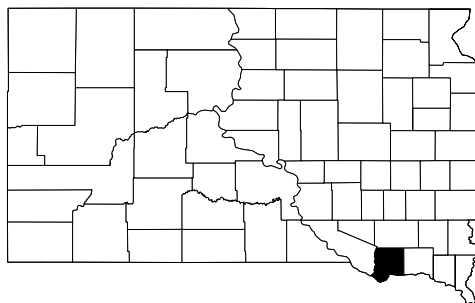
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Bon Homme County

Demographic Information



Bon Homme County is located on the Nebraska border in eastern South Dakota and averages 12.9 persons per square mile.

2000 Population Information

Population	7,260
Percent White	95.5%
Percent American Indian	3.3%
Percent Age 65 or Over	20.8%
Percent Age 4 or Under	4.9%

Socioeconomic Indicators

Population Under 100% of Poverty	802
Percent of the Population	12.9%
Population Under 200% of Poverty	2,274
Percent of the Population	36.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	4.7%
Percent of Mothers Receiving Care in 1st Trimester	89.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	14.9%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.0%
•Fertility Rate ³	57.1
Teenage Pregnancy Rate ⁴	16.4

Mortality⁵

•ALL CAUSES	674.9
Heart Disease	224.8
•Acute Myocardial Infarction	46.0
Heart Failure	19.7
○Atherosclerotic Cardiovascular Disease	28.4
Malignant Neoplasms (cancer)	174.4
•Trachea, Bronchus, & Lung	31.6
Colon, Rectum, & Anus	24.8
Female Breast	28.3
Prostate	23.5
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	12.4
•Cerebrovascular Disease	34.4
•Accidents	24.7
Motor Vehicle Accidents	18.2
•Chronic Lower Respiratory Diseases	20.6
Influenza & Pneumonia	19.8
Diabetes Mellitus	27.3
Alzheimer's Disease	15.1
Nephritis, Nephrotic Syndrome, & Nephrosis	16.1
Intentional Self-Harm (suicide)	10.4
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.90 FTE
PA/NP/CNM ⁷	2.00 FTE

Rural Health Clinics⁹:

Bon Homme Family Practice Clinic, Avon
Bon Homme Family Practice Clinic, Tyndall

Community Health Services, WIC¹³ & Family Planning: 103 West 18th Ave, Tyndall

Hospitals

Critical Access Hospitals¹⁵:

Landmann-Jungman Memorial Hospital,
Scotland 25 beds/10 swing¹⁷
St. Michael's Hospital, Tyndall 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Tyndall Good Samaritan Center, Tyndall 71 beds
St. Michael's Nursing Home, Tyndall 9 beds
Scotland Good Samaritan, Scotland 46 beds

Assisted Living Centers:

Scotland Good Samaritan, Scotland 8 beds
Springfield ALC, Springfield 36 beds

Residential Living Centers:

None

Home Health Agencies:

St. Michael's Home Health, Tyndall
Scotland Area Home Care Agency, Scotland

Medicare Certified Hospices:

Scotland Area Hospice, Scotland

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

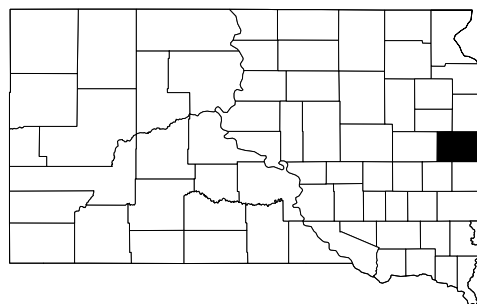
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Brookings County

Demographic Information



Brookings County is located on the eastern border of the state and averages 35.5 persons per square mile.

2000 Population Information

Population	28,220
Percent White	96.4%
Percent American Indian	1.2%
Percent Age 65 or Over	10.9%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	3,562
Percent of the Population	14.0%
Population Under 200% of Poverty	8,050
Percent of the Population	31.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹

1999-2003

Natality

Percent Low Birth Weight Infants	5.2%
•Percent of Mothers Receiving Care in 1st Trimester	86.6%
•Percent of Mothers Who Used Tobacco While Pregnant ²	13.2%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.6%
•Fertility Rate ³	43.2
•Teenage Pregnancy Rate ⁴	13.2

Mortality⁵

•ALL CAUSES	686.7
Heart Disease	211.8
Acute Myocardial Infarction	73.6
Heart Failure	18.0
Atherosclerotic Cardiovascular Disease	16.9
Malignant Neoplasms (cancer)	170.5
Trachea, Bronchus, & Lung	37.9
Colon, Rectum, & Anus	18.6
Female Breast	23.5
Prostate	26.7
Pancreas	11.9
Leukemia	10.0
•Non-Hodgkin's Lymphoma	3.7
Cerebrovascular Disease	69.4
Accidents	38.8
Motor Vehicle Accidents	17.3
•Chronic Lower Respiratory Diseases	28.4
Influenza & Pneumonia	18.9
Diabetes Mellitus	15.1
Alzheimer's Disease	12.8
•Nephritis, Nephrotic Syndrome, & Nephrosis	4.0
Intentional Self-Harm (suicide)	10.4
•Infant Mortality	2.5

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	15.00 FTE
PA/NP/CNM ⁷	5.00 FTE

Rural Health Clinics⁹:

Volga Community Clinic, Volga
White Family Practice Clinic, White

Community Health Services & WIC¹³: 1310 Main Ave. S., Brookings

Family Planning Service Site:

Brookings Obstetrics & Gynecology, Brookings

Hospitals

Brookings Hospital, Brookings..... 61 beds/20 swing¹⁷

Long-Term Care

Nursing Facilities:

Brookview Manor, Brookings	79 beds
United Retirement Center, Brookings	76 beds
White Healthcare Center, White	27 beds

Assisted Living Centers:

Dakota Sun Assisted Living, Volga	16 beds
Elkton Assisted Living, Elkton	10 beds
Greenleaf Assisted Living, Brookings	34 beds
Park Place Assisted Living, Brookings	36 beds
Prairie Crossings, 807 Onaka, Brookings	16 beds
Prairie Crossings, 817 Onaka, Brookings	16 beds
Stoneybrook Suites, Brookings	16 beds
White Pines ALC, White	10 beds

Residential Living Centers:

Park Place Apartments, Brookings	22 beds
--	---------

Home Health Agencies:

Brookings Hospital Home Health Agency, Brookings

Medicare Certified Hospices:

Brookings Hospital Hospice, Brookings

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

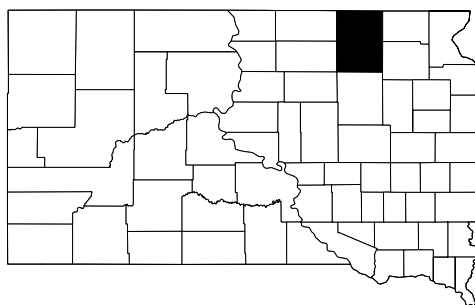
⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Brown County

Demographic Information



Brown County is located on the North Dakota border in the eastern part of the state and averages 20.7 persons per square mile.

2000 Population Information

Population	35,460
Percent White	95.5%
Percent American Indian	3.3%
Percent Age 65 or Over	16.2%
Percent Age 4 or Under	6.4%

Socioeconomic Indicators

Population Under 100% of Poverty	3,373
Percent of the Population	9.9%
Population Under 200% of Poverty	10,334
Percent of the Population	30.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

●Percent Low Birth Weight Infants	5.0%
Percent of Mothers Receiving Care in 1st Trimester	79.3%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.7%
●Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.3%
●Fertility Rate ³	60.1
●Teenage Pregnancy Rate ⁴	13.3

Mortality⁵

ALL CAUSES	773.8
○Heart Disease	260.8
Acute Myocardial Infarction	95.3
Heart Failure	26.9
●Atherosclerotic Cardiovascular Disease	7.2
Malignant Neoplasms (cancer)	176.7
Trachea, Bronchus, & Lung	50.0
Colon, Rectum, & Anus	19.4
Female Breast	16.4
●Prostate	18.3
Pancreas	8.6
Leukemia	9.8
Non-Hodgkin's Lymphoma	10.6
Cerebrovascular Disease	53.2
●Accidents	33.0
●Motor Vehicle Accidents	15.5
Chronic Lower Respiratory Diseases	36.9
Influenza & Pneumonia	21.5
Diabetes Mellitus	21.9
Alzheimer's Disease	16.0
Nephritis, Nephrotic Syndrome, & Nephrosis	17.5
Intentional Self-Harm (suicide)	8.2
Infant Mortality	7.0

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

Health Care Resources

Primary Care

Physicians ⁶	24.80 FTE
PA/NP/CNM ⁷	11.50 FTE

Federally Qualified Health Care Center⁸:

South Dakota Urban Indian Health, Aberdeen
Community Health Services, WIC¹³ & Family Planning: Brown Co Comm Health Center, Aberdeen
Children's Special Health Services¹¹: Brown County Community Health Center, Aberdeen

Disease Intervention Office¹²:

402 S Main St, Aberdeen

Family Planning Service Sites:

Urban Indian Health, Aberdeen
Brown County Community Health Center, Aberdeen

Hospitals

Avera St. Luke's, Aberdeen..... 137 beds/10 swing¹³

Specialized Hospital¹⁶:

Dakota Plains Surgical Center, Aberdeen..... 8 beds

Long-Term Care

Nursing Facilities:

There are 5 nursing facilities in Brown County. For more information refer to Appendix B, page 229.

Assisted Living Centers:

There are 6 assisted living centers in Brown County. For more information refer to Appendix B, page 229.

Residential Living Centers:

There are 5 residential living centers in Brown County. For more information refer to Appendix B, page 229.

Home Health Agencies:

Avera St. Luke's Home Health, Aberdeen

Medicare Certified Hospices:

North Plains Hospice of Avera St. Luke's, Aberdeen

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁴CSHS provides diagnostic, consultative and care coordination services for children with special health care needs.

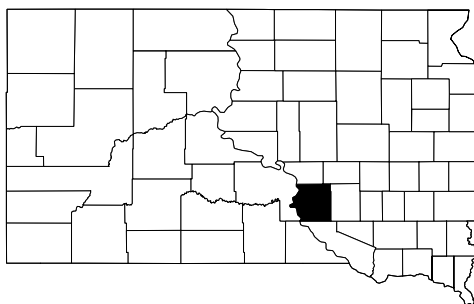
¹²DIS coordinate infectious disease prevention and control programs.

¹⁶Specialized hospitals do not provide all the services required to qualify as general hospital, such as surgical, obstetrical and emergency services.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Brule County

Demographic Information



Brule County is located in the south central part of the state and averages 6.5 persons per square mile.

2000 Population Information

Population	5,364
Percent White.....	89.9%
Percent American Indian.....	9.1%
Percent Age 65 or Over.....	16.9%
Percent Age 4 or Under.....	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	741
Percent of the Population	14.3%
Population Under 200% of Poverty	1,957
Percent of the Population	37.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.1%
Percent of Mothers Receiving Care in 1st Trimester	76.5%
Percent of Mothers Who Used Tobacco While Pregnant ²	17.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
Fertility Rate ³	61.2
●Teenage Pregnancy Rate ⁴	11.4

Mortality⁵

ALL CAUSES	726.9
Heart Disease	207.4
○Acute Myocardial Infarction	128.5
Heart Failure.....	29.9
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	189.4
Trachea, Bronchus, & Lung	45.6
Colon, Rectum, & Anus	22.1
Female Breast	20.1
Prostate	27.2
Pancreas.....	14.8
Leukemia.....	13.5
Non-Hodgkin's Lymphoma.....	LNE
Cerebrovascular Disease	51.5
Accidents	36.6
Motor Vehicle Accidents.....	LNE
Chronic Lower Respiratory Diseases.....	55.2
Influenza & Pneumonia	15.3
Diabetes Mellitus	18.3
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	15.2
Intentional Self-Harm (suicide).....	16.5
Infant Mortality.....	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	5.25 FTE
PA/NP/CNM ⁷	1.40 FTE

Community Health Service/PHA¹⁸, WIC¹³ & Family Planning: 110 West Beebe, Chamberlain

WIC¹³ Site: Kimball

Hospitals

Critical Access Hospital¹⁵:

Mid-Dakota Hospital,
Chamberlain..... 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Sunset Valley Haven Home, Chamberlain 40 beds

Assisted Living Centers:

Regency Retirement Assisted Living,
Chamberlain..... 36 beds
Riverview Retirement Home, Chamberlain..... 10 beds
Prairie View ALC, Kimball 16 beds

Residential Living Centers:

None

Home Health Agencies:

Visiting Nurses Association, Chamberlain

Medicare Certified Hospices:

Mid-Dakota Community Based Hospice

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

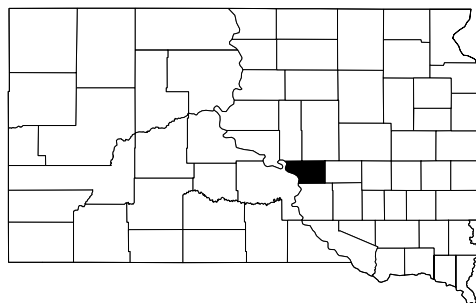
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Buffalo County

Demographic Information



Buffalo County is located in the central portion of the state and averages 4.3 persons per square mile.

2000 Population Information

Population	2,032
Percent White	16.3%
Percent American Indian	83.3%
Percent Age 65 or Over	6.5%
Percent Age 4 or Under	10.6%

Socioeconomic Indicators

Population Under 100% of Poverty	1,152
Percent of the Population	56.9%
Population Under 200% of Poverty	1,618
Percent of the Population	79.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	8.0%
oPercent of Mothers Receiving Care in 1st Trimester	53.5%
oPercent of Mothers Who Used Tobacco While Pregnant ²	40.9%
oPercent of Mothers Who Consumed Alcohol While Pregnant ²	14.8%
oFertility Rate ³	112.0
Teenage Pregnancy Rate ⁴	34.3

Mortality⁵

oALL CAUSES	1536.8
oHeart Disease	549.6
oAcute Myocardial Infarction	238.0
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	290.8
Trachea, Bronchus, & Lung	125.1
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	108.3
Motor Vehicle Accidents	67.7
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	LNE
Diabetes Mellitus	73.4
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
oIntentional Self-Harm (suicide)	75.2
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.00 FTE
PA/NP/CNM ⁷	0.00 FTE

WIC¹³ Site: Highway 47, Ft. Thompson

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

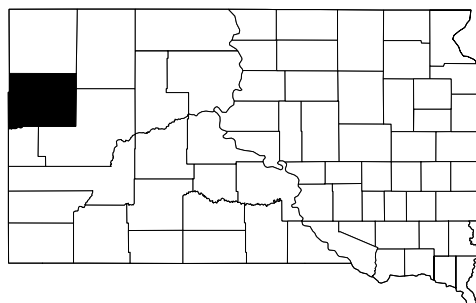
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Butte County

Demographic Information



Butte County is located on the western border of the state and averages 4.0 people per square mile.

2000 Population Information

Population	9,094
Percent White	95.5%
Percent American Indian	2.7%
Percent Age 65 or Over	15.2%
Percent Age 4 or Under	6.1%

Socioeconomic Indicators

Population Under 100% of Poverty	1,147
Percent of the Population	12.8%
Population Under 200% of Poverty	3,962
Percent of the Population	44.2%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

○Percent Low Birth Weight Infants	10.5%
Percent of Mothers Receiving Care in 1st Trimester	83.1%
○Percent of Mothers Who Used Tobacco While Pregnant ²	27.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.4%
Fertility Rate ³	67.0
Teenage Pregnancy Rate ⁴	19.0

Mortality⁵

ALL CAUSES	880.0
Heart Disease	234.6
●Acute Myocardial Infarction	52.8
Heart Failure	26.1
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	230.2
○Trachea, Bronchus, & Lung	79.2
Colon, Rectum, & Anus	30.6
Female Breast	22.5
Prostate	25.2
Pancreas	13.4
Leukemia	7.4
Non-Hodgkin's Lymphoma	9.7
Cerebrovascular Disease	50.6
Accidents	48.9
Motor Vehicle Accidents	34.7
○Chronic Lower Respiratory Diseases	69.4
○Influenza & Pneumonia	43.7
Diabetes Mellitus	26.6
Alzheimer's Disease	22.8
Nephritis, Nephrotic Syndrome, & Nephrosis	11.3
Intentional Self-Harm (suicide)	18.5
Infant Mortality	10.0

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.80 FTE
PA/NP/CNM ⁷	2.60 FTE

Rural Health Clinics⁹:

Family Medical Center, Belle Fourche
Newell Family Medical Center, Newell

Community Health Services, WIC¹³:

830 6th Avenue, Belle Fourche
121 3rd St., Newell

Hospitals

None

Long-Term Care

Nursing Facilities:

Belle Fourche Healthcare Center,
Belle Fourche 80 beds

Assisted Living Centers:

Belle View Assisted Living, Belle Fourche 10 beds
Judy's Assisted Living Center,
Belle Fourche 20 beds
Senior Living Center, Belle Fourche 8 beds
Sunpointe Senior Estates, Belle Fourche 16 beds

Residential Living Centers:

Buchholz Elderly Care, Belle Fourche 4 beds
Elkhorn Elderly Boarding, Belle Fourche 9 beds
Our (Family Living) Home, Newell 10 beds

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

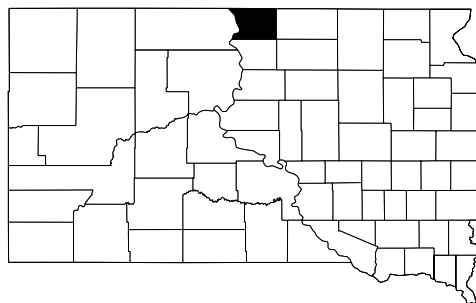
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Campbell County

Demographic Information



Campbell County is located in the north central portion of the state and averages 2.4 persons per square mile.

2000 Population Information

Population	1,782
Percent White	99.3%
Percent American Indian	0.6%
Percent Age 65 or Over	22.1%
Percent Age 4 or Under	5.2%

Socioeconomic Indicators

Population Under 100% of Poverty	251
Percent of the Population	14.1%
Population Under 200% of Poverty	726
Percent of the Population	40.7

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.7%
Percent of Mothers Receiving Care in 1st Trimester	87.0%
Percent of Mothers Who Used Tobacco While Pregnant ²	11.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	48.3
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	503.3
Heart Disease	201.3
Acute Myocardial Infarction	98.1
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	133.1
Trachea, Bronchus, & Lung	27.4
Colon, Rectum, & Anus	29.8
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	36.5
Accidents	41.8
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.20 FTE
PA/NP/CNM ⁷	0.90 FTE

Rural Health Clinics⁹:

Campbell County Clinic, Herreid
Campbell County Clinic, Pollock

Community health services are provided by the
Walworth County public health services office.

WIC¹³ services provided by Walworth County office.

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

Herreid Good Samaritan Center, Herreid 27 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

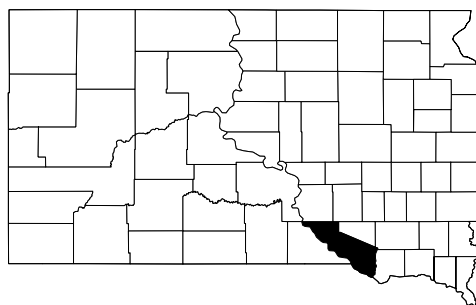
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Charles Mix County

Demographic Information



Charles Mix County is located in the south central area of the state and averages 8.5 persons per square mile.

2000 Population Information

Population	9,350
Percent White	69.6%
Percent American Indian	29.5%
Percent Age 65 or Over	17.3%
Percent Age 4 or Under	8.6%

Socioeconomic Indicators

Population Under 100% of Poverty	2,462
Percent of the Population	26.9%
Population Under 200% of Poverty	5,011
Percent of the Population	54.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Care Resources¹ 1999-2003

Natality

Percent Low Birth Weight Infants	4.8%
Percent of Mothers Receiving Care in 1st Trimester	72.3%
○Percent of Mothers Who Used Tobacco While Pregnant ²	27.1%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	4.0%
○Fertility Rate ³	93.0
○Teenage Pregnancy Rate ⁴	34.2

Mortality⁵

ALL CAUSES	815.5
Heart Disease	234.4
Acute Myocardial Infarction	108.8
Heart Failure	29.8
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	191.6
Trachea, Bronchus, & Lung	57.8
Colon, Rectum, & Anus	20.4
Female Breast	20.9
Prostate	44.3
Pancreas	6.1
Leukemia	11.0
Non-Hodgkin's Lymphoma	7.7
●Cerebrovascular Disease	38.3
○Accidents	72.6
○Motor Vehicle Accidents	47.2
Chronic Lower Respiratory Diseases	46.3
Influenza & Pneumonia	20.7
Diabetes Mellitus	22.3
Alzheimer's Disease	10.0
Nephritis, Nephrotic Syndrome, & Nephrosis	13.8
Intentional Self-Harm (suicide)	20.4
○Infant Mortality	17.0

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.50 FTE
PA/NP/CNM ⁷	3.20 FTE

Rural Health Clinics⁹:

Geddes Medical Clinic, Geddes
Avera St. Benedict CRHC, Lake Andes
Platte Medical Clinic, Platte

Community Health Services, WIC¹³ & Family Planning:

Charles Mix County Courthouse, Lake Andes
612 East 7th Street, Platte
Early Childhood Building, Wagner

Hospitals

Critical Access Hospitals¹⁵:

Platte Health Center, Platte	15 beds/9 swing ¹⁷
Wagner Community Memorial Hospital, Wagner	20 beds/10 swing ¹⁷

Long-Term Care

Nursing Facilities:

Lake Andes Health Care, Lake Andes	42 beds
Platte Care Center, Platte	48 beds
Wagner Good Samaritan Center, Wagner	67 beds

Assisted Living Centers:

Platte Assisted Living, Platte	8 beds
--------------------------------------	--------

Residential Living Centers:

Gentle Touch, Platte	9 beds
----------------------------	--------

Home Health Agencies:

Platte Home Health, Platte

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

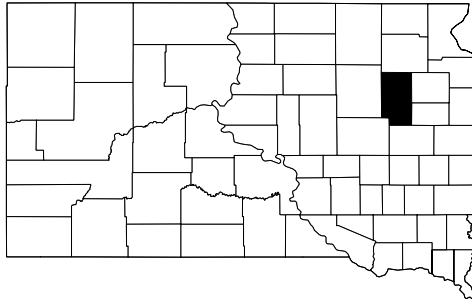
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Clark County

Demographic Information



Clark County is located in east central South Dakota and averages 4.3 persons per square mile.

2000 Population Information

Population	4,143
Percent White	98.6%
Percent American Indian	0.7%
Percent Age 65 or Over	22.2%
Percent Age 4 or Under	5.4%

Socioeconomic Indicators

Population Under 100% of Poverty	607
Percent of the Population	14.8%
Population Under 200% of Poverty	1,662
Percent of the Population	40.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹

1999-2003

Natality

Percent Low Birth Weight Infants	5.9%
Percent of Mothers Receiving Care in 1st Trimester	67.8%
Percent of Mothers Who Used Tobacco While Pregnant ²	17.5%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	59.0
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

●ALL CAUSES	668.5
Heart Disease	192.4
Acute Myocardial Infarction	71.5
Heart Failure	15.0
○Atherosclerotic Cardiovascular Disease	39.3
●Malignant Neoplasms (cancer)	127.3
●Trachea, Bronchus, & Lung	23.6
Colon, Rectum, & Anus	13.0
Female Breast	23.6
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	52.9
Accidents	32.9
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	30.5
Influenza & Pneumonia	21.3
Diabetes Mellitus	30.3
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	12.0
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.10 FTE
PA/NP/CNM ⁷	1.30 FTE

Rural Health Clinic⁹:

Clark Medical Center, Clark

Community Health Services & WIC¹³: Clark County Courthouse, Clark

Hospitals

None

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Clark..... 43 beds

Assisted Living Centers:

Fay Wookey Memorial, Clark 33 beds
Roetell Senior Housing, Clark 16 beds

Residential Living Centers:

Fay Wookey Memorial Center, Clark..... 11beds

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

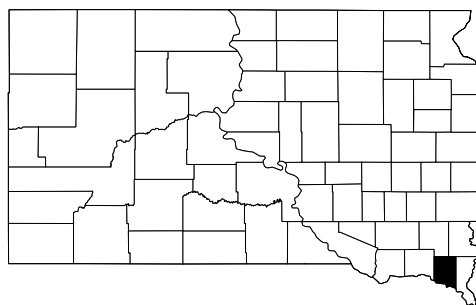
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Clay County

Demographic Information



Clay County is located in the southeastern part of the state and averages 32.9 persons per square mile.

2000 Population Information

Population	13,537
Percent White	92.8%
Percent American Indian	3.4%
Percent Age 65 or Over	10.1%
Percent Age 4 or Under	5.4%

Socioeconomic Indicators

Population Under 100% of Poverty	2,406
Percent of the Population	21.2%
Population Under 200% of Poverty	4,955
Percent of the Population	43.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.3%
Percent of Mothers Receiving Care in 1st Trimester	85.4%
●Percent of Mothers Who Used Tobacco While Pregnant ²	12.3%
●Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.2%
●Fertility Rate ³	38.8
●Teenage Pregnancy Rate ⁴	7.8

Mortality⁵

ALL CAUSES	794.1
Heart Disease	260.0
Acute Myocardial Infarction	101.6
Heart Failure	25.0
Atherosclerotic Cardiovascular Disease	6.7
Malignant Neoplasms (cancer)	190.0
Trachea, Bronchus, & Lung	45.7
Colon, Rectum, & Anus	20.8
Female Breast	25.2
Prostate	21.7
Pancreas	22.2
Leukemia	6.4
Non-Hodgkin's Lymphoma	12.0
Cerebrovascular Disease	57.3
Accidents	38.6
Motor Vehicle Accidents	19.1
Chronic Lower Respiratory Diseases	41.4
Influenza & Pneumonia	32.4
●Diabetes Mellitus	10.0
Alzheimer's Disease	10.2
Nephritis, Nephrotic Syndrome, & Nephrosis	20.3
Intentional Self-Harm (suicide)	9.7
Infant Mortality	6.3

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	8.70 FTE
PA/NP/CNM ⁷	4.00 FTE

Community Health Services & WIC¹³: Clay County Courthouse, Vermillion

Family Planning Service Site:
Vermillion Family Planning, Vermillion

Hospitals

Sioux Valley Vermillion Hospital, Vermillion	36 beds/10 swing ¹⁷
---	--------------------------------

Long-Term Care

Nursing Facilities:

Sioux Valley Vermillion Care Center, Vermillion	66 beds
Wakonda Heritage Manor, Wakonda	41 beds

Assisted Living Centers:

Prairie Homes Assisted Living, Vermillion	16 beds
Parkview Apartments, Wakonda	6 beds

Residential Living Centers:

Dakota Gardens Senior Living, Vermillion	23 beds
---	---------

Home Health Agencies:

Visiting Nurses Association, Vermillion

Medicare Certified Hospices:

Vermillion Community Hospice, Vermillion

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

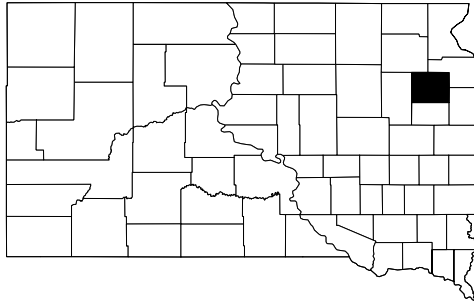
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Codington County

Demographic Information



Codington County is located in eastern South Dakota and averages 37.7 persons per square mile.

2000 Population Information

Population	25,897
Percent White	96.7%
Percent American Indian	1.9%
Percent Age 65 or Over	14.1%
Percent Age 4 or Under	7.1%

Socioeconomic Indicators

Population Under 100% of Poverty	2,314
Percent of the Population	9.0%
Population Under 200% of Poverty	7,405
Percent of the Population	28.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.2%
●Percent of Mothers Receiving Care in 1st Trimester	87.8%
○Percent of Mothers Who Used Tobacco While Pregnant ²	23.1%
●Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.2%
Fertility Rate ³	63.8
Teenage Pregnancy Rate ⁴	16.4

Mortality⁵

ALL CAUSES	768.5
Heart Disease	223.6
Acute Myocardial Infarction	74.8
Heart Failure	16.7
○Atherosclerotic Cardiovascular Disease	24.1
Malignant Neoplasms (cancer)	200.6
Trachea, Bronchus, & Lung	51.2
Colon, Rectum, & Anus	19.7
Female Breast	31.2
Prostate	24.8
Pancreas	11.7
Leukemia	9.3
Non-Hodgkin's Lymphoma	8.5
Cerebrovascular Disease	44.5
Accidents	35.4
●Motor Vehicle Accidents	14.9
Chronic Lower Respiratory Diseases	38.8
Influenza & Pneumonia	23.2
Diabetes Mellitus	18.5
●Alzheimer's Disease	10.9
Nephritis, Nephrotic Syndrome, & Nephrosis	10.1
Intentional Self-Harm (suicide)	12.3
●Infant Mortality	3.4

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	25.45 FTE
PA/NP/CNM ⁷	5.60 FTE

Community Health Services & WIC¹³: Codington County Courthouse, Watertown

Family Planning Service Site:

Watertown Family Medical, Watertown

Disease Intervention Office¹²:

913 5th Street SE, Watertown

Hospitals

Prairie Lakes Hospital, Watertown	81 beds/10 swing ¹⁷
--	--------------------------------

Long-Term Care

Nursing Facilities:

Jenkin's Living Center, Watertown	140 beds
Prairie Lakes Care Center, Watertown	51 beds

Assisted Living Centers:

There are 7 assisted living centers in Codington County. For more information refer to Appendix B, page 229.

Residential Living Centers:

Golden Prairie, Watertown	14 beds
Wieting Residential Home Care, Watertown	6 beds

Home Health Agencies:

Prairie Lakes Home Care, Watertown

Medicare Certified Hospices:

Prairie Lakes Hospice, Watertown

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

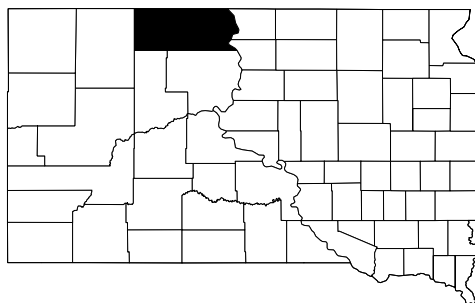
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹²DIS coordinate infectious disease prevention and control programs.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Corson County

Demographic Information



Corson County is located in the north central portion of the state and averages 1.7 persons per square mile.

2000 Population Information

Population	4,181
Percent White	37.2%
Percent American Indian	62.3%
Percent Age 65 or Over	10.5%
Percent Age 4 or Under	9.1%

Socioeconomic Indicators

Population Under 100% of Poverty	1,692
Percent of the Population	41.0%
Population Under 200% of Poverty	2,928
Percent of the Population	70.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.6%
○Percent of Mothers Receiving Care in 1st Trimester	62.0%
●Percent of Mothers Who Used Tobacco While Pregnant ²	13.5%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.5%
○Fertility Rate ³	102.4
○Teenage Pregnancy Rate ⁴	65.1

Mortality⁵

○ALL CAUSES	1125.3
Heart Disease	294.1
Acute Myocardial Infarction	111.6
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	189.0
Trachea, Bronchus, & Lung	52.8
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	57.5
○Accidents	164.5
○Motor Vehicle Accidents	117.7
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	46.8
○Diabetes Mellitus	86.2
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	9.5

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.10 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Centers⁸:
West River Health Clinic, McIntosh

Rural Health Clinic⁹:
West River Health Association, McLaughlin

WIC¹³ Site: McLaughlin

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

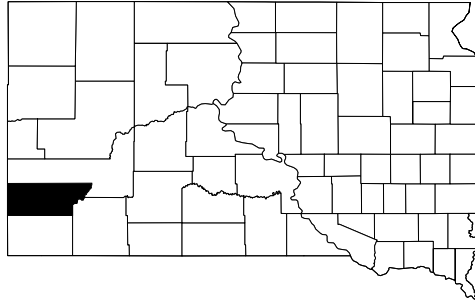
⁸Provide Comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Custer County

Demographic Information



Custer County is located in the southern Black Hills and averages 4.7 persons per square mile.

2000 Population Information

Population	7,275
Percent White	94.2%
Percent American Indian	4.5%
Percent Age 65 or Over	16.0%
Percent Age 4 or Under	4.6%

Socioeconomic Indicators

Population Under 100% of Poverty	659
Percent of the Population	9.4%
Population Under 200% of Poverty	2,147
Percent of the Population	30.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹

1999-2003

Natality

Percent Low Birth Weight Infants	4.8%
Percent of Mothers Receiving Care in 1st Trimester	77.5%
Percent of Mothers Who Used Tobacco While Pregnant ²	22.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	3.3%
•Fertility Rate ³	50.0
•Teenage Pregnancy Rate ⁴	9.3

Mortality⁵

ALL CAUSES	802.6
Heart Disease	227.7
Acute Myocardial Infarction	89.7
Heart Failure	22.4
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	186.8
Trachea, Bronchus, & Lung	48.4
Colon, Rectum, & Anus	18.7
Female Breast	21.6
Prostate	28.9
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	59.3
Accidents	68.3
Motor Vehicle Accidents	39.3
Chronic Lower Respiratory Diseases	58.1
Influenza & Pneumonia	17.3
Diabetes Mellitus	37.5
Alzheimer's Disease	11.4
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.70 FTE
PA/NP/CNM ⁷	1.00 FTE

Rural Health Clinic⁹:

Custer Clinic, Custer

Community Health Services, WIC¹³ & Family Planning: Custer County Courthouse Annex, Custer

Hospitals

Critical Access Hospital¹⁵:

Custer Community Hospital,
Custer 16 beds/8 swing¹⁷

Long-Term Care

Nursing Facilities:

Colonial Manor, Custer 76 beds

Assisted Living Centers:

Wedgewood Assisted Living, Custer 16 beds

Residential Living Centers:

Rose Haven, Custer 10 beds

Home Health Agencies:

Rapid City Regional-Southern Hills Branch, Custer

Medicare Certified Hospices:

Custer Community Hospital

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

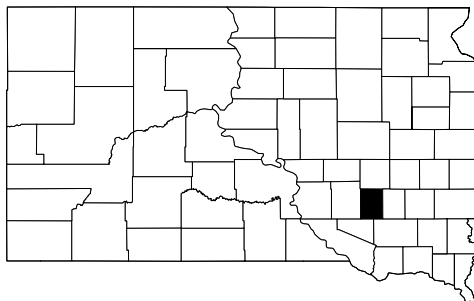
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Davison County

Demographic Information



Davison County is located in eastern South Dakota and averages 43.0 persons per square mile.

2000 Population Information

Population	18,741
Percent White	96.2%
Percent American Indian	2.4%
Percent Age 65 or Over	16.2%
Percent Age 4 or Under	6.5%

Socioeconomic Indicators

Population Under 100% of Poverty	2,068
Percent of the Population	11.5%
Population Under 200% of Poverty	5,558
Percent of the Population	30.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.2%
●Percent of Mothers Receiving Care in 1st Trimester	87.9%
Percent of Mothers Who Used Tobacco While Pregnant ²	20.3%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.7%
●Fertility Rate ³	63.1
●Teenage Pregnancy Rate ⁴	11.9

Mortality⁵

ALL CAUSES	761.1
●Heart Disease	193.7
●Acute Myocardial Infarction	60.1
●Heart Failure	11.7
○Atherosclerotic Cardiovascular Disease	28.9
Malignant Neoplasms (cancer)	202.3
Trachea, Bronchus, & Lung	52.7
Colon, Rectum, & Anus	28.5
Female Breast	26.6
Prostate	25.7
Pancreas	11.3
Leukemia	11.3
Non-Hodgkin's Lymphoma	7.7
Cerebrovascular Disease	66.5
Accidents	43.7
Motor Vehicle Accidents	19.0
Chronic Lower Respiratory Diseases	45.6
Influenza & Pneumonia	27.2
Diabetes Mellitus	19.1
●Alzheimer's Disease	6.4
Nephritis, Nephrotic Syndrome, & Nephrosis	13.4
Intentional Self-Harm (suicide)	15.2
Infant Mortality	5.7

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	19.40 FTE
PA/NP/CNM ⁷	5.80 FTE

Community Health Services, WIC¹³ & Family Planning: 909 S. Miller, Ave., Mitchell

Hospitals

Avera Queen of Peace, Mitchell	120 beds/10 swing ¹⁷
---	---------------------------------

Long-Term Care

Nursing Facilities:

Avera Brady Health and Rehab, Mitchell	84 beds
Firesteel Healthcare Center, Mitchell	146 beds

Assisted Living Centers:

Avera Brady Assisted Living, Mitchell	30 beds
Countryside Living	7 beds
Prairie Homes Assisted Living, Mitchell	11 beds
Prairie Homes Assisted Living, Mitchell	11 beds
Prairie Crossings, Mitchell	16 beds
Prairie Crossings, Mitchell	21 beds

Residential Living Centers:

Countryside Living, Mitchell	25 beds
Crystal Manor, Mitchell	18 beds
Rosewood Court, Mitchell	22 beds
Seasons of Life, Mitchell	12 beds

Home Health Agencies:

Avera Queen of Peace Home Health, Mitchell
Dakota Physical Therapy Home Health, Mitchell

Medicare Certified Hospices:

Mitchell Community Hospice, Mitchell

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

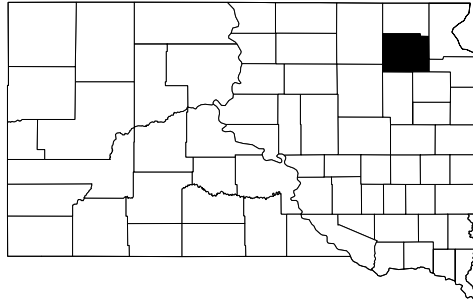
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Day County

Demographic Information



Day County is located in the northeastern part of the state and averages 6.1 persons per square mile.

2000 Population Information

Population	6,267
Percent White	91.3%
Percent American Indian	8.2%
Percent Age 65 or Over	23.5%
Percent Age 4 or Under	5.5%

Socioeconomic Indicators

Population Under 100% of Poverty	869
Percent of the Population	14.3%
Population Under 200% of Poverty	2,347
Percent of the Population	38.6%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.4%
Percent of Mothers Receiving Care in 1st Trimester	79.7%
Percent of Mothers Who Used Tobacco While Pregnant ²	23.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.5%
Fertility Rate ³	66.5
Teenage Pregnancy Rate ⁴	23.7

Mortality⁵

ALL CAUSES	855.2
○Heart Disease	307.5
○Acute Myocardial Infarction	212.4
Heart Failure	16.0
○Atherosclerotic Cardiovascular Disease	31.9
Malignant Neoplasms (cancer)	201.1
Trachea, Bronchus, & Lung	53.1
Colon, Rectum, & Anus	29.8
Female Breast	31.3
Prostate	26.1
Pancreas	9.7
Leukemia	LNE
Non-Hodgkin's Lymphoma	6.2
Cerebrovascular Disease	48.6
○Accidents	75.2
Motor Vehicle Accidents	50.4
Chronic Lower Respiratory Diseases	27.6
Influenza & Pneumonia	36.4
Diabetes Mellitus	18.5
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	7.0
Intentional Self-Harm (suicide)	LNE
Infant Mortality	12.2

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.70 FTE
PA/NP/CNM ⁷	0.00 FTE

Rural Health Clinics⁹:

Waubay Clinic Avera Health, Waubay
Lake Area Family Health Center, Webster

Community Health Services & WIC¹³: Day County
Courthouse, Webster

Hospitals

Critical Access Hospital¹⁵:

Lake Area Hospital, Webster 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Sun Dial Manor, Bristol 37 beds
Strand-Kjorsvig Community Rest Home,
Roslyn 35 beds
Bethesda Home, Webster 58 beds

Assisted Living Centers:

Johnson Center of Sun Dial Manor,
Bristol 16 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

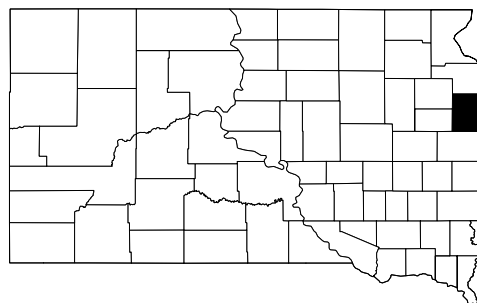
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Deuel County

Demographic Information



Deuel County borders Minnesota and averages 7.2 persons per square mile.

2000 Population Information

Population	4,498
Percent White	98.5%
Percent American Indian	0.7%
Percent Age 65 or Over	20.7%
Percent Age 4 or Under	5.5%

Socioeconomic Indicators

Population Under 100% of Poverty	462
Percent of the Population	10.3%
Population Under 200% of Poverty	1,421
Percent of the Population	31.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	8.6%
Percent of Mothers Receiving Care in 1st Trimester	89.5%
Percent of Mothers Who Used Tobacco While Pregnant ²	15.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	58.7
•Teenage Pregnancy Rate ⁴	6.5

Mortality⁵

•ALL CAUSES	662.5
Heart Disease	188.5
Acute Myocardial Infarction	64.8
Heart Failure	14.8
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	164.2
•Trachea, Bronchus, & Lung	26.0
Colon, Rectum, & Anus	19.4
Female Breast	21.6
Prostate	40.6
Pancreas	12.3
Leukemia	LNE
Non-Hodgkin's Lymphoma	14.5
Cerebrovascular Disease	47.4
Accidents	45.4
Motor Vehicle Accidents	21.0
•Chronic Lower Respiratory Diseases	23.5
Influenza & Pneumonia	16.3
Diabetes Mellitus	19.9
Alzheimer's Disease	11.3
Nephritis, Nephrotic Syndrome, & Nephrosis	15.3
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.20 FTE
PA/NP/CNM ⁷	1.00 FTE

Rural Health Clinic⁹:

Deuel County Memorial Hospital and Clinic, Clear Lake

Community Health Services/PHA¹⁸ & WIC¹³:

Deuel County Memorial Hospital, Clear Lake

Hospitals

Critical Access Hospital¹⁵:

Deuel County Memorial Hospital,
Clear Lake..... 20 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Deuel County Good Samaritan, Clear Lake.... 68 beds

Assisted Living Centers:

Deuel County Good Samaritan, Clear Lake..... 8 beds

Residential Living Centers:

None

Home Health Agencies:

Deuel County Memorial Hospital & Clinic Home
Health, Clear Lake

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

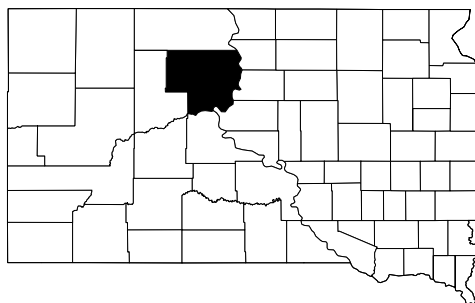
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Dewey County

Demographic Information



Dewey County is located in the north central region of the state and averages 2.6 persons per square mile.

2000 Population Information

Population	5,972
Percent White	24.1%
Percent American Indian	75.4%
Percent Age 65 or Over	8.3%
Percent Age 4 or Under	9.2%

Socioeconomic Indicators

Population Under 100% of Poverty	1,973
Percent of the Population	33.6%
Population Under 200% of Poverty	3,881
Percent of the Population	66.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.0%
○Percent of Mothers Receiving Care in 1st Trimester	66.6%
○Percent of Mothers Who Used Tobacco While Pregnant ²	34.6%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	10.3%
○Fertility Rate ³	109.2
○Teenage Pregnancy Rate ⁴	52.6

Mortality⁵

○ALL CAUSES	1148.1
Heart Disease	282.7
Acute Myocardial Infarction	128.5
Heart Failure	38.8
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	235.0
Trachea, Bronchus, & Lung	85.2
Colon, Rectum, & Anus	42.3
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	37.0
○Accidents	82.6
○Motor Vehicle Accidents	64.8
Chronic Lower Respiratory Diseases	59.7
Influenza & Pneumonia	LNE
○Diabetes Mellitus	89.3
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	32.8
Infant Mortality	14.0

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.30 FTE
PA/NP/CNM ⁷	6.80 FTE

Federally Qualified Health Care Centers⁸:

Isabel Community Clinic Inc, Isabel
Family Health Center, Eagle Butte

Rural Health Clinic⁹:

West Dakota Health Center, Timber Lake

Community Health Services, WIC¹³ & Family Planning:

Dewey County Courthouse, Timber Lake
118 Main, Isabel

Hospitals

Indian Health Service, Eagle Butte

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

West Winds Health Services, Timber Lake

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

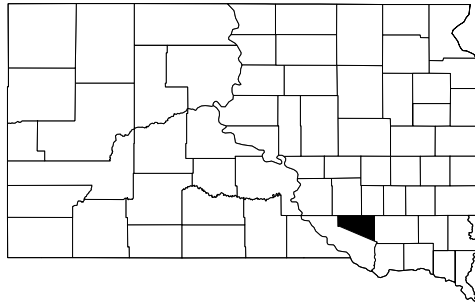
⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Douglas County

Demographic Information



Douglas County is located in south central South Dakota and averages 8.0 persons per square mile.

2000 Population Information

Population	3,458
Percent White	98.1%
Percent American Indian	1.4%
Percent Age 65 or Over	22.6%
Percent Age 4 or Under	5.8%

Socioeconomic Indicators

Population Under 100% of Poverty	487
Percent of the Population	14.6%
Population Under 200% of Poverty	1,354
Percent of the Population	40.6%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	4.1%
Percent of Mothers Receiving Care in 1st Trimester	80.5%
●Percent of Mothers Who Used Tobacco While Pregnant ²	10.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	61.3
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

●ALL CAUSES	668.7
Heart Disease	195.5
Acute Myocardial Infarction	110.3
Heart Failure	30.8
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	155.6
●Trachea, Bronchus, & Lung	15.2
Colon, Rectum, & Anus	27.0
Female Breast	LNE
Prostate	50.6
Pancreas	LNE
Leukemia	17.4
Non-Hodgkin's Lymphoma	15.4
Cerebrovascular Disease	39.7
Accidents	67.7
Motor Vehicle Accidents	49.4
Chronic Lower Respiratory Diseases	28.8
Influenza & Pneumonia	16.8
Diabetes Mellitus	30.8
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.75 FTE
PA/NP/CNM ⁷	1.90 FTE

Rural Health Clinics⁹:

Prairie Health Clinic, Armour

Avera Corsica Medical Clinic, Corsica

Community Health Services/PHA¹⁸, WIC¹³ &

Family Planning: Douglas County Memorial Hospital, Armour

Family Planning Service Site:

Douglas County Public Health, Armour

Hospitals

Critical Access Hospital¹⁵:

Douglas County

Memorial Hospital, Armour..... 11 beds/5 swing¹⁷

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Armour..... 45 beds

Pleasant View Good Samaritan, Corsica 51 beds

Assisted Living Centers:

Leisure Living, Corsica..... 10 beds

Prairie Villa, Armour 16 beds

Residential Living Centers:

Leisure Living, Corsica..... 21 beds

Home Health Agencies:

Douglas County Home Health Services, Armour

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

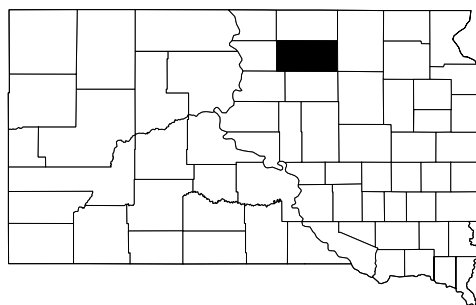
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers & the South Dakota Department of Health which delivers community health services.

Edmunds County

Demographic Information



Edmunds County is located in the north central region of the state and averages 3.8 persons per square mile.

2000 Population Information

Population	4,367
Percent White	99.2%
Percent American Indian	0.3%
Percent Age 65 or Over	22.2%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	585
Percent of the Population	13.8%
Population Under 200% of Poverty	1,662
Percent of the Population	39.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	4.1%
Percent of Mothers Receiving Care in 1st Trimester	76.6%
●Percent of Mothers Who Used Tobacco While Pregnant ²	12.1%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	61.0
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	710.7
Heart Disease	203.7
Acute Myocardial Infarction	87.4
Heart Failure	13.5
Atherosclerotic Cardiovascular Disease	13.2
Malignant Neoplasms (cancer)	151.0
Trachea, Bronchus, & Lung	31.0
Colon, Rectum, & Anus	28.4
Female Breast	39.0
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
○Cerebrovascular Disease	109.9
Accidents	42.5
Motor Vehicle Accidents	38.7
●Chronic Lower Respiratory Diseases	11.6
Influenza & Pneumonia	17.0
Diabetes Mellitus	31.0
Alzheimer's Disease	12.2
Nephritis, Nephrotic Syndrome, & Nephrosis	18.3
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.10 FTE
PA/NP/CNM ⁷	1.20 FTE

Rural Health Clinics⁹:

Avera United Clinic of Ipswich, Ipswich
Bowdle Rural Health Clinic, Bowdle

Community Health Services/PHA¹⁸ & WIC¹³:

Bowdle Hospital, Bowdle & Ipswich

Hospitals

Critical Access Hospital¹⁵:

Bowdle Hospital, Bowdle 12 beds/6 swing¹⁷

Long-Term Care

Nursing Facilities:

Bowdle Nursing Home, Bowdle 25 beds
Senior Citizen's Home, Hosmer 40 beds
Beverly Healthcare, Ipswich 59 beds

Assisted Living Centers:

Bowdle Hospital Assisted Living Center 4 beds
Bowdle Nursing Home ALC, Bowdle 7 beds
Westwood Assisted Living, Roscoe 16 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

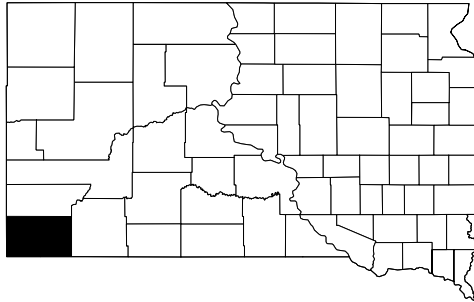
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Fall River County

Demographic Information



Fall River County is located in the southwestern corner of the state and averages 4.3 persons per square mile.

2000 Population Information

Population	7,453
Percent White	90.5%
Percent American Indian	8.1%
Percent Age 65 or Over	22.5%
Percent Age 4 or Under	4.8%

Socioeconomic Indicators

Population Under 100% of Poverty	951
Percent of the Population	13.6%
Population Under 200% of Poverty	2,856
Percent of the Population	40.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.8%
Percent of Mothers Receiving Care in 1st Trimester	71.0%
○Percent of Mothers Who Used Tobacco While Pregnant ²	31.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.6%
●Fertility Rate ³	56.9
Teenage Pregnancy Rate ⁴	29.4

Mortality⁵

○ALL CAUSES	910.9
Heart Disease	254.1
○Acute Myocardial Infarction	140.2
●Heart Failure	10.3
Atherosclerotic Cardiovascular Disease	10.4
Malignant Neoplasms (cancer)	197.8
Trachea, Bronchus, & Lung	58.1
Colon, Rectum, & Anus	18.5
Female Breast	26.2
Prostate	22.6
Pancreas	9.4
Leukemia	LNE
Non-Hodgkin's Lymphoma	16.5
Cerebrovascular Disease	65.4
Accidents	41.4
●Motor Vehicle Accidents	11.4
○Chronic Lower Respiratory Diseases	88.7
Influenza & Pneumonia	25.2
Diabetes Mellitus	25.8
●Alzheimer's Disease	7.3
Nephritis, Nephrotic Syndrome, & Nephrosis	10.5
Intentional Self-Harm (suicide)	28.1
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	5.40 FTE
PA/NP/CNM ⁷	8.40 FTE

Rural Health Clinic⁹

Edgemont Memorial Clinic, Edgemont

Community Health Services, WIC¹³ & Family Planning: Fall River County Courthouse, Hot Springs

Hospitals

Critical Access Hospital¹⁵:

Fall River Hospital, Hot Springs..... 7 beds/6 swing¹⁷

Veterans' Administration:

VA Black Hills Health Care System, Hot Springs

Long-Term Care

Nursing Facilities:

Castle Manor, Hot Springs..... 48 beds

Assisted Living Centers:

Cactus Hills Retirement, Edgemont..... 16 beds

Hilltop Assisted Living, Hot Springs..... 13 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

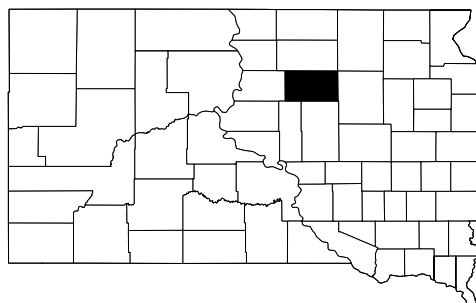
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Faulk County

Demographic Information



Faulk County is located in north central South Dakota and averages 2.6 persons per square mile.

2000 Population Information

Population	2,640
Percent White	99.5%
Percent American Indian	0.4%
Percent Age 65 or Over	22.9%
Percent Age 4 or Under	5.5%

Socioeconomic Indicators

Population Under 100% of Poverty	468
Percent of the Population	18.1%
Population Under 200% of Poverty	1,114
Percent of the Population	43.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	LNE
○Percent of Mothers Receiving Care in 1st Trimester	62.0%
●Percent of Mothers Who Used Tobacco While Pregnant ²	7.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	57.1
Teenage Pregnancy Rate ⁴	11.0

Mortality⁵

●ALL CAUSES	675.7
Heart Disease	201.1
Acute Myocardial Infarction	71.0
Heart Failure	37.8
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	165.9
Trachea, Bronchus, & Lung	38.5
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	35.8
Accidents	36.9
Motor Vehicle Accidents	28.5
Chronic Lower Respiratory Diseases	27.6
Influenza & Pneumonia	24.7
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	19.9
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.20 FTE
PA/NP/CNM ⁷	2.00 FTE

Rural Health Clinic⁹:

Faulkton Medical Clinic, Faulkton

Community Health Services/PHA¹⁸ & WIC¹³:

Faulk County Healthcare Network, Faulkton

Hospitals

Critical Access Hospital¹⁵:

Faulk County Memorial Hospital,
Faulkton 12 beds/6 swing¹⁷

Long-Term Care

Nursing Facilities:

Faulkton Healthcare Center, Faulkton 49 beds

Assisted Living Centers:

Carousel Living Center, Faulkton 11 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

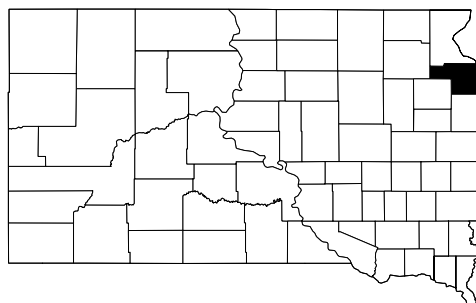
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Grant County

Demographic Information



Grant County borders Minnesota in northeastern South Dakota and averages 11.5 persons per square mile.

2000 Population Information

Population	7,847
Percent White.....	98.6%
Percent American Indian.....	0.6%
Percent Age 65 or Over.....	19.1%
Percent Age 4 or Under.....	5.9%

Socioeconomic Indicators

Population Under 100% of Poverty	761
Percent of the Population.....	9.9%
Population Under 200% of Poverty	2,370
Percent of the Population.....	30.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants.....	4.9%
Percent of Mothers Receiving Care in 1st Trimester.....	83.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.3%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.2%
•Fertility Rate ³	59.7
Teenage Pregnancy Rate ⁴	16.4

Mortality⁵

ALL CAUSES.....	767.4
Heart Disease	190.0
○Acute Myocardial Infarction.....	115.7
Heart Failure	21.0
Atherosclerotic Cardiovascular Disease.....	12.7
Malignant Neoplasms (cancer).....	189.5
Trachea, Bronchus, & Lung.....	48.3
Colon, Rectum, & Anus.....	27.0
Female Breast	25.7
Prostate	50.6
Pancreas	LNE
Leukemia	5.9
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	77.1
Accidents.....	48.3
Motor Vehicle Accidents	24.7
Chronic Lower Respiratory Diseases	32.2
Influenza & Pneumonia.....	24.5
Diabetes Mellitus.....	20.5
Alzheimer's Disease.....	14.8
Nephritis, Nephrotic Syndrome, & Nephrosis.....	14.6
Intentional Self-Harm (suicide).....	LNE
Infant Mortality	14.6

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.90 FTE
PA/NP/CNM ⁷	0.00 FTE

Rural Health Clinic⁹

Revilla Clinic/Avera Health, Revilla

Community Health Services, WIC¹³ & Family Planning: Grant County Courthouse, Milbank

Hospitals

Critical Access Hospital¹⁵

Milbank Area Hospital/Avera Health, Milbank 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Milbank 81 beds
St. Williams Home for the Aged, Milbank 60 beds

Assisted Living Centers:

Angela Hall ALC, Milbank..... 22 beds
Beverly Healthcare-Park Place, Milbank..... 36 beds

Residential Living Centers:

Rita's Home Care, Milbank 12 beds
Snell's Residential Adult Care, Milbank 12 beds

Home Health Agencies:

Milbank Area Home Health, Milbank

Medicare Certified Hospices:

St. Bernard's Valley Hospice, Milbank

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

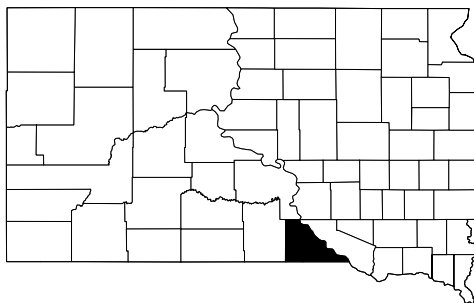
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Gregory County

Demographic Information



Gregory County borders the west bank of the Missouri River and the state of Nebraska and averages 4.7 persons per square mile.

2000 Population Information

Population	4,792
Percent White	93.2%
Percent American Indian	6.2%
Percent Age 65 or Over	24.8%
Percent Age 4 or Under	4.9%

Socioeconomic Indicators

Population Under 100% of Poverty	942
Percent of the Population	20.1%
Population Under 200% of Poverty	2,206
Percent of the Population	47.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.2%
Percent of Mothers Receiving Care in 1st Trimester	76.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	16.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	50.6
•Teenage Pregnancy Rate ⁴	10.7

Mortality⁵

ALL CAUSES	714.3
Heart Disease	190.7
Acute Myocardial Infarction	83.2
•Heart Failure	7.8
○Atherosclerotic Cardiovascular Disease	35.2
Malignant Neoplasms (cancer)	189.9
Trachea, Bronchus, & Lung	40.6
Colon, Rectum, & Anus	23.0
Female Breast	20.5
Prostate	57.5
Pancreas	14.8
Leukemia	LNE
Non-Hodgkin's Lymphoma	8.7
Cerebrovascular Disease	56.4
Accidents	36.0
Motor Vehicle Accidents	15.2
•Chronic Lower Respiratory Diseases	23.0
Influenza & Pneumonia	18.0
Diabetes Mellitus	21.7
Alzheimer's Disease	19.6
Nephritis, Nephrotic Syndrome, & Nephrosis	15.1
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

Health Care Resources

Primary Care

Physicians ⁶	4.00 FTE
PA/NP/CNM ⁷	2.70 FTE

Rural Health Clinics⁹:

Burke Medical Clinic, Burke
Fairfax Family Clinic Avera Health, Fairfax
Rosebud Family Clinic Avera Health, Gregory
Community Health Services, WIC¹³ & Family Planning: Gregory County Courthouse, Burke
WIC¹³ Site: Bonesteel

Hospitals

Avera Gregory Healthcare Center,
Gregory 26 beds/ 13 swing¹⁷
Critical Access Hospital¹⁵:
Comm Mem Hospital, Burke 16 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Avera Rosebud Country Care Center,
Gregory 55 beds

Assisted Living Centers:

Haisch Haus, Bonesteel 16 beds
TLC Assisted Living, Burke 16 beds
Silver Threads Residence, Gregory 30 beds

Residential Living Centers:

Sunnyside Home, Burke 8 beds
Whispering Pines, Burke 9 beds
Pheasant Meadows RLC, Gregory 12 beds

Home Health Agencies:

Avera Gregory Home Health Agency, Gregory

Medicare Certified Hospices:

None

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

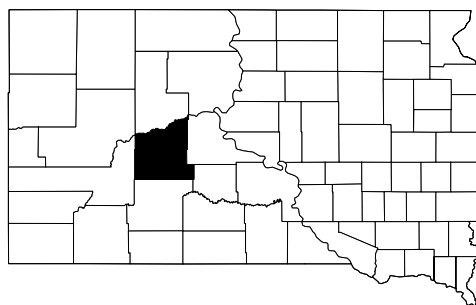
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Haakon County

Demographic Information



Haakon County is located in the west central region of the state and averages 1.2 persons per square mile.

2000 Population Information

Population	2,196
Percent White	96.4%
Percent American Indian	3.4%
Percent Age 65 or Over	18.0%
Percent Age 4 or Under	5.3%

Socioeconomic Indicators

Population Under 100% of Poverty	298
Percent of the Population	13.9%
Population Under 200% of Poverty	755
Percent of the Population	35.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	LNE
Percent of Mothers Receiving Care in 1st Trimester	78.8%
●Percent of Mothers Who Used Tobacco While Pregnant ²	10.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
●Fertility Rate ³	49.8
Teenage Pregnancy Rate ⁴	10.0

Mortality⁵

ALL CAUSES	807.3
Heart Disease	214.1
Acute Myocardial Infarction	82.1
Heart Failure	30.6
Atherosclerotic Cardiovascular Disease	22.0
Malignant Neoplasms (cancer)	233.9
Trachea, Bronchus, & Lung	87.6
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	32.7
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
●Cerebrovascular Disease	23.9
Accidents	50.9
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	75.8
Influenza & Pneumonia	22.3
Diabetes Mellitus	LNE
Alzheimer's Disease	19.8
Nephritis, Nephrotic Syndrome, & Nephrosis	21.4
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.80 FTE
PA/NP/CNM ⁷	0.40 FTE

Rural Health Clinic⁹:

Philip Clinic, Philip

Community Health Services, WIC¹³ & Family Planning: Haakon County Courthouse, Philip

Hospitals

Critical Access Hospital¹⁵:

Hans P. Peterson Memorial Hospital,
Philip 18 beds/15 swing¹⁷

Long-Term Care

Nursing Facilities:

Philip Nursing Home, Philip 30 beds

Assisted Living Centers:

The Silverleaf, Philip 16 beds

Residential Living Centers:

None

Home Health Agencies:

Philip Home Health, Philip

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

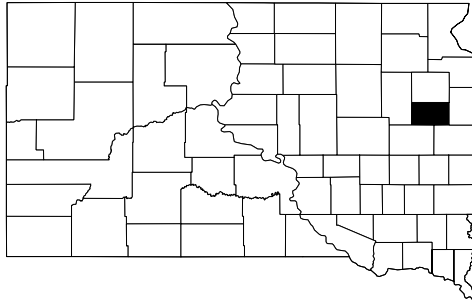
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Hamlin County

Demographic Information



Hamlin County is located in the northeastern region of the state and averages 10.9 persons per square mile.

2000 Population Information

Population	5,546
Percent White	98.5%
Percent American Indian	0.9%
Percent Age 65 or Over	19.2%
Percent Age 4 or Under	6.5%

Socioeconomic Indicators

Population Under 100% of Poverty	660
Percent of the Population	12.1%
Population Under 200% of Poverty	2,181
Percent of the Population	39.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.3%
Percent of Mothers Receiving Care in 1st Trimester	82.6%
•Percent of Mothers Who Used Tobacco While Pregnant ²	12.8%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
○Fertility Rate ³	89.6
•Teenage Pregnancy Rate ⁴	7.8

Mortality⁵

ALL CAUSES	734.9
•Heart Disease	166.8
Acute Myocardial Infarction	74.1
Heart Failure	19.5
Atherosclerotic Cardiovascular Disease	18.6
Malignant Neoplasms (cancer)	178.5
•Trachea, Bronchus, & Lung	22.1
Colon, Rectum, & Anus	17.2
Female Breast	18.8
Prostate	27.0
Pancreas	11.5
Leukemia	11.6
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	48.4
Accidents	31.1
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	34.3
○Influenza & Pneumonia	46.9
Diabetes Mellitus	17.5
Alzheimer's Disease	34.5
Nephritis, Nephrotic Syndrome, & Nephrosis	13.1
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.40 FTE
PA/NP/CNM ⁷	2.30 FTE

Federally Qualified Health Care Center⁸:

Bryant Clinic, Bryant

Rural Health Clinics⁹:

Estelline Medical Clinic, Estelline

Lake Norden Clinic, Lake Norden

Community Health Services & WIC¹³: Hamlin
County Courthouse, Hayti

Hospitals

None

Long-Term Care

Nursing Facilities:

Parkview Care Center, Bryant 33 beds

Estelline Nursing and Care Center, Estelline.. 60 beds

Beverly Healthcare, Lake Norden..... 63 beds

Assisted Living Centers:

South Park Assisted Living, Bryant..... 14 beds

Castle View Assisted Living, Castlewood..... 16 beds

Estelline Nursing and Care Center, Estelline.... 2 beds

Homestead Assisted Living, Lake Norden 8 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

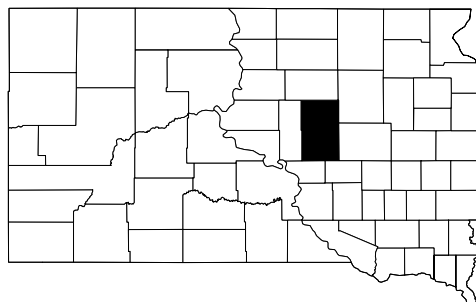
⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Hand County

Demographic Information



Hand County is located in central South Dakota and averages 2.6 persons per square mile.

2000 Population Information

Population	3,741
Percent White	99.3%
Percent American Indian	0.3%
Percent Age 65 or Over	24.2%
Percent Age 4 or Under	5.2%

Socioeconomic Indicators

Population Under 100% of Poverty	339
Percent of the Population	9.2%
Population Under 200% of Poverty	1,221
Percent of the Population	33.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.5%
Percent of Mothers Receiving Care in 1st Trimester	79.9%
Percent of Mothers Who Used Tobacco While Pregnant ²	13.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	53.1
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	693.4
•Heart Disease	115.5
•Acute Myocardial Infarction	32.5
Heart Failure	19.0
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	192.6
Trachea, Bronchus, & Lung	37.3
Colon, Rectum, & Anus	26.0
Female Breast	LNE
Prostate	29.0
Pancreas	12.5
Leukemia	LNE
Non-Hodgkin's Lymphoma	13.6
Cerebrovascular Disease	49.0
Accidents	60.0
Motor Vehicle Accidents	43.7
Chronic Lower Respiratory Diseases	38.1
Influenza & Pneumonia	26.5
Diabetes Mellitus	34.6
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.00 FTE
PA/NP/CNM ⁷	2.00 FTE

Community Health Services/PHA¹⁸, WIC¹³ & Family Planning:

Hand County Memorial Hospital, Miller

Family Planning Service Site:

Mitchell Area Family Planning, Mitchell

Hospitals

Specialized Hospital¹⁶:

Hand County Memorial Hospital,
Miller 30 beds/15 swing¹⁷

Long-Term Care

Nursing Facilities:

Prairie Good Samaritan Center, Miller 57 beds

Assisted Living Centers:

Courtyard Villa ALC, Miller 23 beds

Prairie Good Samaritan Center, Miller 14 beds

Residential Living Centers:

None

Home Health Agencies:

Hand County Home Health Agency, Miller

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

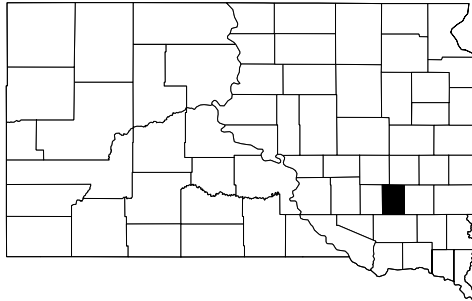
¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as surgical, obstetrical and emergency services.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Hanson County

Demographic Information



Hanson County is located in southeastern South Dakota and averages 7.2 people per square mile.

2000 Population Information

Population	3,139
Percent White	99.5%
Percent American Indian	0.2%
Percent Age 65 or Over	14.9%
Percent Age 4 or Under	7.5%

Socioeconomic Indicators

Population Under 100% of Poverty	521
Percent of the Population	16.6%
Population Under 200% of Poverty	1,249
Percent of the Population	39.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.7%
Percent of Mothers Receiving Care in 1st Trimester	76.7%
●Percent of Mothers Who Used Tobacco While Pregnant ²	6.5%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.4%
○Fertility Rate ³	95.2
Teenage Pregnancy Rate ⁴	10.3

Mortality⁵

●ALL CAUSES	573.3
●Heart Disease	148.0
Acute Myocardial Infarction	58.3
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	177.1
Trachea, Bronchus, & Lung	44.3
Colon, Rectum, & Anus	33.9
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	66.2
Accidents	37.6
Motor Vehicle Accidents	30.5
Chronic Lower Respiratory Diseases	22.9
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.00 FTE
PA/NP/CNM ⁷	0.00 FTE

Community Health Services & WIC¹³: 430 Main Street, Alexandria

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

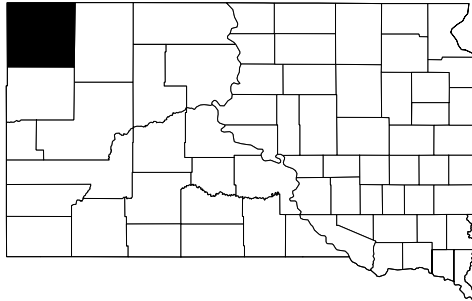
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Harding County

Demographic Information



Harding County is located in the northwestern corner of the state and averages 0.5 persons per square mile.

2000 Population Information

Population	1,353
Percent White	97.6%
Percent American Indian	1.1%
Percent Age 65 or Over	13.4%
Percent Age 4 or Under	4.2%

Socioeconomic Indicators

Population Under 100% of Poverty	277
Percent of the Population	21.1%
Population Under 200% of Poverty	654
Percent of the Population	49.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	5.9%
Percent of Mothers Receiving Care in 1st Trimester	77.3%
Percent of Mothers Who Used Tobacco While Pregnant ²	LNE
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	58.6
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	632.9
Heart Disease	154.2
Acute Myocardial Infarction	56.4
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	181.3
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	LNE
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	85.3
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

● Denotes a health status indicator which is significantly better than the state average.

○ Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.10 FTE
PA/NP/CNM ⁷	1.00 FTE

WIC¹³ Site: Harding County Courthouse, Buffalo

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

Preferred Home Health Agency, Buffalo

Medicare Certified Hospices:

None

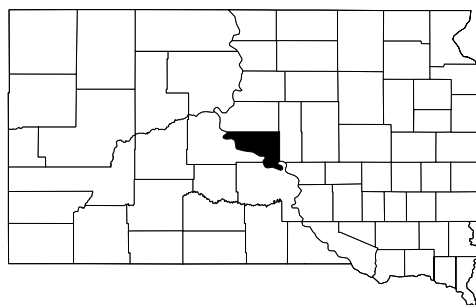
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Hughes County

Demographic Information



Hughes County is located in the center of the state and averages 22.2 persons per square mile.

2000 Population Information

Population	16,481
Percent White	88.9%
Percent American Indian	9.9%
Percent Age 65 or Over	13.7%
Percent Age 4 or Under	6.6%

Socioeconomic Indicators

Population Under 100% of Poverty	1,255
Percent of the Population	8.0%
Population Under 200% of Poverty	3,451
Percent of the Population	22.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.8%
Percent of Mothers Receiving Care in 1st Trimester	81.3%
Percent of Mothers Who Used Tobacco While Pregnant ²	23.0%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	4.0%
●Fertility Rate ³	59.3
Teenage Pregnancy Rate ⁴	15.9

Mortality⁵

ALL CAUSES	752.2
●Heart Disease	177.7
●Acute Myocardial Infarction	48.2
○Heart Failure	37.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	167.2
Trachea, Bronchus, & Lung	44.1
Colon, Rectum, & Anus	17.4
Female Breast	28.8
Prostate	24.6
Pancreas	13.2
Leukemia	11.2
Non-Hodgkin's Lymphoma	9.8
Cerebrovascular Disease	44.9
●Accidents	24.0
●Motor Vehicle Accidents	12.5
Chronic Lower Respiratory Diseases	53.1
Influenza & Pneumonia	18.8
Diabetes Mellitus	26.5
○Alzheimer's Disease	36.0
Nephritis, Nephrotic Syndrome, & Nephrosis	10.3
Intentional Self-Harm (suicide)	17.9
Infant Mortality	6.9

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

Health Care Resources

Primary Care

Physicians ⁶	15.00 FTE
PA/NP/CNM ⁷	4.60 FTE

Federally Qualified Health Care Center⁸:

South Dakota Urban Indian Health, Pierre

Children's Special Health Services¹¹:

809 E. Dakota Avenue, Pierre

Disease Intervention Office¹²:

302 East Dakota, Pierre

Community Health Services, WIC¹³ and Family

Planning: 302 East Dakota, Pierre

Family Planning Service Sites:

Urban Indian Health, Pierre

Pierre Area Family Planning, Pierre

Hospitals

St. Mary's Hospital, Pierre..... 86 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Maryhouse, Pierre..... 105 beds

Beverly Healthcare, Pierre 72 beds

Assisted Living Centers:

Kelly's Retirement Home I, Pierre..... 15 beds

Kelly's Retirement Home II, Pierre 16 beds

Residential Living Centers:

Daisy's Country Care, Blunt..... 3 beds

Dakota Heritage House, Pierre 11 beds

Evergreen Manor Senior RLC, Pierre..... 17 beds

Parkwood, Pierre..... 59 beds

Home Health Agencies:

St. Mary's Home Health, Pierre

Medicare Certified Hospices:

St. Mary's Hospice, Pierre

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹¹CSHS provides diagnostic, consultative and care coordination services for children with special health care needs.

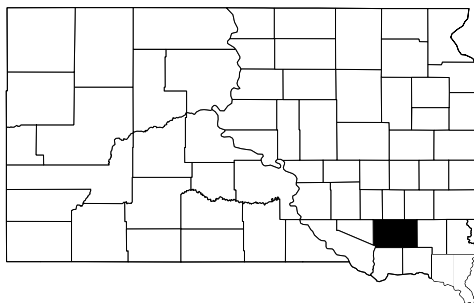
¹²DIS coordinate infectious disease prevention and control programs.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Hutchinson County

Demographic Information



Hutchinson County is located in the southeastern region of the state and averages 9.9 persons per square mile.

2000 Population Information

Population	8,075
Percent White	98.8%
Percent American Indian	0.8%
Percent Age 65 or Over	26.2%
Percent Age 4 or Under	5.9%

Socioeconomic Indicators

Population Under 100% of Poverty	1,002
Percent of the Population	13.0%
Population Under 200% of Poverty	2,879
Percent of the Population	37.2%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.7%
Percent of Mothers Receiving Care in 1st Trimester	78.6%
●Percent of Mothers Who Used Tobacco While Pregnant ²	9.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.9%
Fertility Rate ³	70.6
●Teenage Pregnancy Rate ⁴	4.9

Mortality⁵

ALL CAUSES	752.1
Heart Disease	225.1
○Acute Myocardial Infarction	122.9
Heart Failure	21.4
Atherosclerotic Cardiovascular Disease	15.4
Malignant Neoplasms (cancer)	204.5
●Trachea, Bronchus, & Lung	25.6
Colon, Rectum, & Anus	20.9
Female Breast	39.5
Prostate	36.1
Pancreas	10.4
Leukemia	6.3
Non-Hodgkin's Lymphoma	12.6
Cerebrovascular Disease	52.8
Accidents	37.6
Motor Vehicle Accidents	17.9
●Chronic Lower Respiratory Diseases	13.1
Influenza & Pneumonia	18.2
Diabetes Mellitus	18.4
Alzheimer's Disease	27.3
Nephritis, Nephrotic Syndrome, & Nephrosis	20.5
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.60 FTE
PA/NP/CNM ⁷	2.80 FTE

Rural Health Clinics⁹:

Menno Clinic, Menno
Avera St. Benedict Cert. RH Clinic, Parkston
Avera St. Benedict CRHC, Tripp

Community Health Services/PHA¹⁸ & WIC¹³:

Freeman Community Hospital, Freeman
St. Benedict Health Center, Parkston

Hospitals

Critical Access Hospitals¹⁵:

Freeman Comm Hospital, Freeman ... 25 beds/10 swing¹⁷
Avera St. Benedict, Parkston ... 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Community Nursing Home, Freeman 48 beds
Menno-Olivet Care Center, Menno 49 beds
Avera Bormann Manor, Parkston 47 beds
Tripp Good Samaritan, Tripp 57 beds

Assisted Living Centers:

Salem Mennonite Home, Freeman 58 beds
Avera Bormann Manor, Parkston 3 beds
Avera St. Benedict Assisted Living, Parkston 16 beds
Golden Touch Assisted Living, Parkston 10 beds

Residential Living Centers:

Avera Parkston Supervised Living, Parkston 9 beds
Golden Touch, Parkston 1 beds

Home Health Agencies:

Freeman Community Hospital Home Care, Freeman
Avera St. Benedict Health Center HHA, Parkston

Medicare Certified Hospices:

St. Benedict Hospice, Parkston
Freeman Community Hospice, Freeman

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

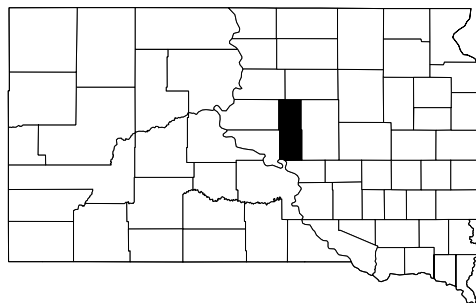
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Hyde County

Demographic Information



Hyde County is located in the central region of the state and averages 1.9 people per square mile.

2000 Population Information

Population	1,671
Percent White	91.1%
Percent American Indian	8.4%
Percent Age 65 or Over	22.3%
Percent Age 4 or Under	7.6%

Socioeconomic Indicators

Population Under 100% of Poverty	200
Percent of the Population	12.3%
Population Under 200% of Poverty	540
Percent of the Population	33.2%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	9.5 %
Percent of Mothers Receiving Care in 1st Trimester	84.9%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	70.4
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	779.2
Heart Disease	219.4
Acute Myocardial Infarction	51.0
oHeart Failure	76.2
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	199.9
Trachea, Bronchus, & Lung	65.0
Colon, Rectum, & Anus	27.2
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	58.1
Accidents	66.9
Motor Vehicle Accidents	48.5
Chronic Lower Respiratory Diseases	28.3
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.05 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Center⁸:
Highmore Clinic, Highmore

WIC¹³ Site: Hyde County Courthouse, Highmore

Hospitals

None

Long-Term Care

Nursing Facilities:

Highmore Health Care Center, Highmore 40 beds

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

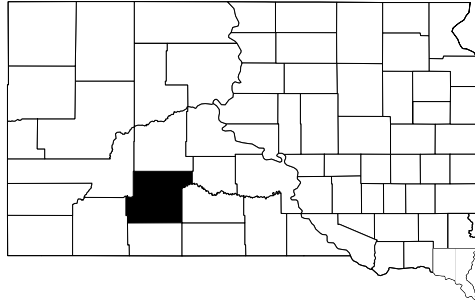
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Jackson County

Demographic Information



Jackson County is located in western South Dakota and averages 1.6 persons per square mile.

2000 Population Information

Population	2,930
Percent White	50.1%
Percent American Indian	49.6%
Percent Age 65 or Over	11.6%
Percent Age 4 or Under	8.3%

Socioeconomic Indicators

Population Under 100% of Poverty	1,053
Percent of the Population	36.5%
Population Under 200% of Poverty	2,006
Percent of the Population	69.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.9%
Percent of Mothers Receiving Care in 1st Trimester	74.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	21.2%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	3.3%
oFertility Rate ³	97.2
Teenage Pregnancy Rate ⁴	35.0

Mortality⁵

ALL CAUSES	890.4
Heart Disease	244.1
oAcute Myocardial Infarction	151.9
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	195.0
Trachea, Bronchus, & Lung	81.4
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	45.2
Accidents	66.8
Motor Vehicle Accidents	43.9
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	LNE
Diabetes Mellitus	67.4
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	37.9
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

oDenotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.00 FTE
PA/NP/CNM ⁷	2.00 FTE

Community Health Services, WIC¹³ & Family Planning:

I-90 Exit 150 Dakota Inn STE 1, Kadoka
100 Clinic Drive, Wanblee

Hospitals

None

Long-Term Care

Nursing Facilities:

Kadoka Nursing Home, Kadoka 22 beds

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

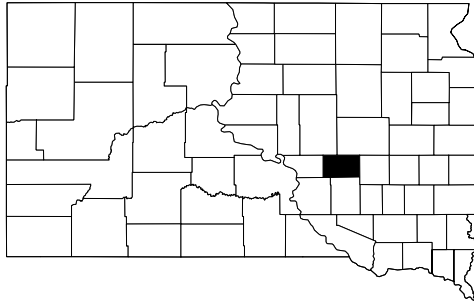
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Jerauld County

Demographic Information



Jerauld County is located in the central region of the state and averages 4.3 persons per square mile.

2000 Population Information

Population	2,295
Percent White	99.0%
Percent American Indian	0.8%
Percent Age 65 or Over	25.6%
Percent Age 4 or Under	3.7%

Socioeconomic Indicators

Population Under 100% of Poverty	464
Percent of the Population	20.6%
Population Under 200% of Poverty	856
Percent of the Population	38.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	11.9%
Percent of Mothers Receiving Care in 1st Trimester	73.6%
•Percent of Mothers Who Used Tobacco While Pregnant ²	8.5%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	64.9
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	597.4
Heart Disease	167.9
Acute Myocardial Infarction	60.6
Heart Failure	41.2
Atherosclerotic Cardiovascular Disease	LNE
• Malignant Neoplasms (cancer)	120.3
Trachea, Bronchus, & Lung	44.3
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	45.4
Motor Vehicle Accidents	41.6
Chronic Lower Respiratory Diseases	30.5
Influenza & Pneumonia	31.7
Diabetes Mellitus	15.9
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	17.5
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.50 FTE
PA/NP/CNM ⁷	0.90 FTE

Federally Qualified Health Care Center⁸:

Jerauld County Clinic, Wessington Springs

Community Health Services, WIC¹³ & Family Planning: 606 1st Street NE, Wessington Springs

Hospitals

Critical Access Hospital¹⁵:

Avera Weskota Memorial Medical Center,
Wessington Springs 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Weskota Manor, Wessington Springs 40 beds

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

Weskota Home Health, Wessington Springs

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

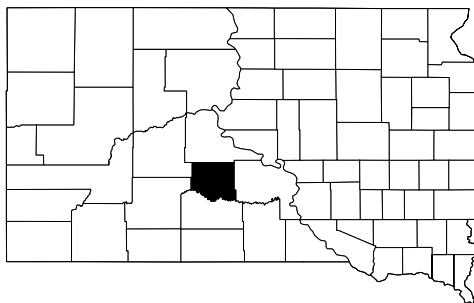
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Jones County

Demographic Information



Jones County is located in western South Dakota and averages 1.2 persons per square mile.

2000 Population Information

Population	1,193
Percent White	95.8%
Percent American Indian	3.9%
Percent Age 65 or Over	18.2%
Percent Age 4 or Under	4.9%

Socioeconomic Indicators

Population Under 100% of Poverty	188
Percent of the Population	15.8%
Population Under 200% of Poverty	492
Percent of the Population	41.2%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	LNE
Percent of Mothers Receiving Care in 1st Trimester	83.7%
Percent of Mothers Who Used Tobacco While Pregnant ²	18.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	44.3
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	504.1
•Heart Disease	121.1
Acute Myocardial Infarction	LNE
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	164.0
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	LNE
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	64.9
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.20 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Center⁸:
Jones County Clinic, Murdo

WIC¹³ Site: 609 Garfield Avenue, Murdo

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

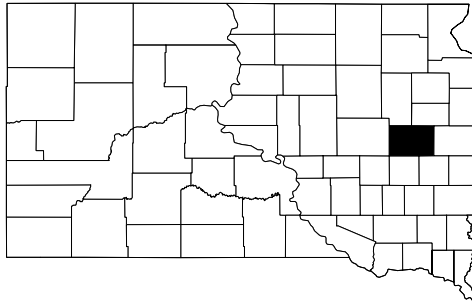
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Kingsbury County

Demographic Information



Kingsbury County is located in east central South Dakota and averages 6.9 persons per square mile.

2000 Population Information

Population	5,815
Percent White	98.5%
Percent American Indian	0.6%
Percent Age 65 or Over	24.2%
Percent Age 4 or Under	5.4%

Socioeconomic Indicators

Population Under 100% of Poverty	561
Percent of the Population	10.0%
Population Under 200% of Poverty	1,737
Percent of the Population	30.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.0%
Percent of Mothers Receiving Care in 1st Trimester	82.0%
•Percent of Mothers Who Used Tobacco While Pregnant ²	12.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	3.1%
•Fertility Rate ³	55.8
Teenage Pregnancy Rate ⁴	12.2

Mortality⁵

ALL CAUSES	809.0
Heart Disease	225.3
Acute Myocardial Infarction	107.9
Heart Failure	20.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	190.5
•Trachea, Bronchus, & Lung	27.6
Colon, Rectum, & Anus	19.9
Female Breast	34.4
Prostate	58.7
Pancreas	9.6
Leukemia	7.3
Non-Hodgkin's Lymphoma	9.2
Cerebrovascular Disease	67.9
Accidents	40.6
Motor Vehicle Accidents	17.8
Chronic Lower Respiratory Diseases	27.4
Influenza & Pneumonia	27.3
Diabetes Mellitus	24.9
Alzheimer's Disease	30.8
Nephritis, Nephrotic Syndrome, & Nephrosis	24.5
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.10 FTE
PA/NP/CNM ⁷	3.50 FTE

Federally Qualified Health Care Centers⁸:

Bell Medical Services, DeSmet
Lake Preston Clinic, Lake Preston

Rural Health Clinic⁹:

Arlington Medical Clinic, Arlington

WIC¹³ Site: Kingsbury County Courthouse Annex,
DeSmet

Family Planning Service Site:

Bell Medical Service, DeSmet

Hospitals

Critical Access Hospitals¹⁵:

DeSmet Mem Hospital, DeSmet 17 beds/8 swing¹⁷

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Arlington 48 beds
DeSmet Good Samaritan, DeSmet 61 beds
Kingsbury Memorial Manor, Lake Preston 44 beds

Assisted Living Centers:

Pine View Assisted Living Center, DeSmet ... 12 beds

Residential Living Centers:

None

Home Health Agencies:

Kingsbury Memorial Home Health Agency, Lake
Preston

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

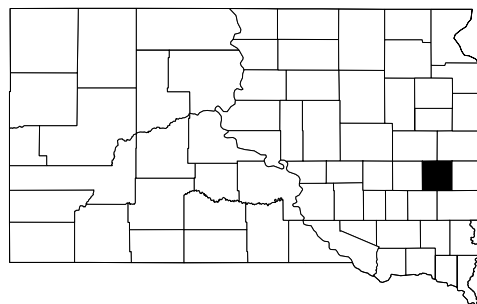
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Lake County

Demographic Information



Lake County is located in the east central region of the state and averages 20.0 persons per square mile.

2000 Population Information

Population	11,276
Percent White	97.8%
Percent American Indian	0.9%
Percent Age 65 or Over	16.3%
Percent Age 4 or Under	5.5%

Socioeconomic Indicators

Population Under 100% of Poverty	1,024
Percent of the Population	9.7%
Population Under 200% of Poverty	3,005
Percent of the Population	28.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.4%
Percent of Mothers Receiving Care in 1st Trimester	83.8%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.1%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.9%
•Fertility Rate ³	49.0
•Teenage Pregnancy Rate ⁴	10.0

Mortality⁵

•ALL CAUSES	715.1
•Heart Disease	184.0
Acute Myocardial Infarction	81.1
•Heart Failure	9.6
○Atherosclerotic Cardiovascular Disease	27.8
Malignant Neoplasms (cancer)	185.7
Trachea, Bronchus, & Lung	58.3
Colon, Rectum, & Anus	18.3
Female Breast	21.9
Prostate	29.3
○Pancreas	23.0
Leukemia	LNE
Non-Hodgkin's Lymphoma	6.1
Cerebrovascular Disease	73.9
•Accidents	28.6
Motor Vehicle Accidents	19.5
Chronic Lower Respiratory Diseases	37.7
Influenza & Pneumonia	21.7
Diabetes Mellitus	17.4
○Alzheimer's Disease	37.6
Nephritis, Nephrotic Syndrome, & Nephrosis	9.6
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	5.00 FTE
PA/NP/CNM ⁷	2.00 FTE

Community Health Services, WIC¹³ & Family Planning: Lake County Courthouse, Madison

Hospitals

Critical Access Hospital¹⁵:

Madison Community, Madison..... 25 beds/15 swing¹⁷

Long-Term Care

Nursing Facilities:

Bethel Lutheran Home, Madison	59 beds
Beverly Healthcare, Madison	61 beds

Assisted Living Centers:

Bethel Suites, Madison	16 beds
Heritage Senior Living, Madison	22 beds
Ramona ALC, Ramona	16 beds

Residential Living Centers:

Heritage Senior Living, Madison	4 beds
---------------------------------------	--------

Home Health Agencies:

Madison Home Care, Madison

Medicare Certified Hospices:

Madison Hospital Hospice, Madison

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

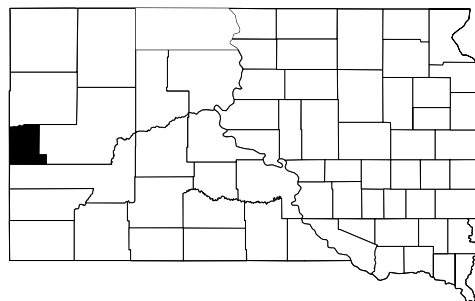
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Lawrence County

Demographic Information



Lawrence County is located along the Wyoming border and averages 27.3 persons per square mile.

2000 Population Information

Population	21,802
Percent White	95.8%
Percent American Indian	2.9%
Percent Age 65 or Over	14.6%
Percent Age 4 or Under	4.8%

Socioeconomic Indicators

Population Under 100% of Poverty	3,073
Percent of the Population	14.8%
Population Under 200% of Poverty	7,737
Percent of the Population	37.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.7%
Percent of Mothers Receiving Care in 1st Trimester	84.8%
Percent of Mothers Who Used Tobacco While Pregnant ²	20.3%
•Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.0%
•Fertility Rate ³	46.0
•Teenage Pregnancy Rate ⁴	9.6

Mortality⁵

•ALL CAUSES	730.8
Heart Disease	195.3
•Acute Myocardial Infarction	55.8
○Heart Failure	36.0
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	184.4
Trachea, Bronchus, & Lung	51.4
Colon, Rectum, & Anus	22.9
Female Breast	29.6
Prostate	36.4
Pancreas	9.9
Leukemia	4.6
Non-Hodgkin's Lymphoma	11.7
Cerebrovascular Disease	49.0
Accidents	36.0
Motor Vehicle Accidents	21.8
Chronic Lower Respiratory Diseases	56.9
Influenza & Pneumonia	20.9
•Diabetes Mellitus	13.0
Alzheimer's Disease	21.2
Nephritis, Nephrotic Syndrome, & Nephrosis	14.5
Intentional Self-Harm (suicide)	20.2
Infant Mortality	7.0

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	21.20 FTE
PA/NP/CNM ⁷	2.40 FTE

Community Health Services, WIC¹³ & Family

Planning: Pluma School, Deadwood

WIC¹³ Site: 930 10th Street, Spearfish

Family Planning Service Site:

Family Health Education Services, Spearfish

Hospitals

Lookout Memorial, Spearfish 40 beds/6 swing¹⁷

Critical Access Hospital¹⁵:

Northern Hills General, Deadwood 18 beds/9 swing¹⁷

Specialized Hospital¹⁶:

Spearfish Surgery Center, Spearfish 4 beds

Long-Term Care

Nursing Facilities:

David M. Dorsett, Spearfish 99 beds

Assisted Living Centers:

There are 10 assisted living centers in Lawrence County. For more information refer to Appendix B, page 229.

Residential Living Centers:

There are 5 residential living centers in Lawrence County. For more information refer to Appendix B, page 229.

Home Health Agencies:

Home Health of the Northern Hills, Spearfish

Medicare Certified Hospices:

Hospice of the Northern Hills, Spearfish

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

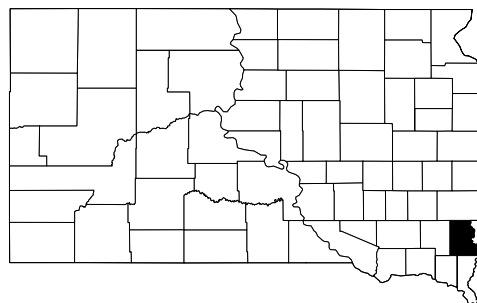
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as surgical, obstetrical and emergency services.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Lincoln County

Demographic Information



Lincoln County is located in southeastern South Dakota and averages 41.7 persons per square mile.

2000 Population Information

Population	24,131
Percent White	97.5%
Percent American Indian	0.8%
Percent Age 65 or Over	10.4%
Percent Age 4 or Under	8.0%

Socioeconomic Indicators

Population Under 100% of Poverty	1,053
Percent of the Population	4.4%
Population Under 200% of Poverty	4,263
Percent of the Population	17.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.0%
•Percent of Mothers Receiving Care in 1st Trimester	87.5%
•Percent of Mothers Who Used Tobacco While Pregnant ²	10.5%
•Percent of Mothers Who Consumed Alcohol While Pregnant ²	0.8%
◦Fertility Rate ³	79.2
•Teenage Pregnancy Rate ⁴	12.3

Mortality⁵

•ALL CAUSES	724.3
Heart Disease	193.2
Acute Myocardial Infarction	92.0
Heart Failure	16.2
Atherosclerotic Cardiovascular Disease	13.8
Malignant Neoplasms (cancer)	214.8
Trachea, Bronchus, & Lung	39.6
Colon, Rectum, & Anus	24.7
◦Female Breast	45.4
Prostate	38.9
Pancreas	9.1
Leukemia	7.7
Non-Hodgkin's Lymphoma	7.4
Cerebrovascular Disease	55.3
•Accidents	27.4
•Motor Vehicle Accidents	14.1
Chronic Lower Respiratory Diseases	30.8
Influenza & Pneumonia	22.2
•Diabetes Mellitus	12.8
Alzheimer's Disease	13.7
Nephritis, Nephrotic Syndrome, & Nephrosis	12.3
•Intentional Self-Harm (suicide)	5.8
Infant Mortality	3.8

•Denotes a health status indicator which is significantly better than the state average.

◦Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.80 FTE
PA/NP/CNM ⁷	1.80 FTE

Rural Health Clinic⁹:

Lennox Area Medical Center, Lennox

WIC¹³ Site: 723 E. 5th Street, Canton

Hospitals

Critical Access Hospital¹⁵:

Canton-Inwood Memorial,
Canton 22 beds/9 swing¹⁷

Long-Term Care

Nursing Facilities:

Canton Good Samaritan, Canton	60 beds
Colonial Manor of Hudson	24 beds
Lennox Good Samaritan Center	64 beds

Assisted Living Centers:

Hiawatha Heights, Canton	16 beds
Hilda's Heritage Home, Lennox	28 beds

Residential Living Centers:

Hilda's Heritage Home, Lennox	8 beds
-------------------------------------	--------

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

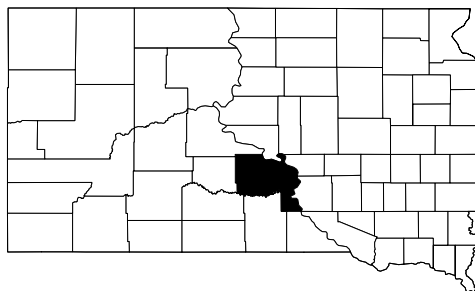
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Lyman County

Demographic Information



Lyman County is located in central South Dakota and averages 2.4 persons per square mile.

2000 Population Information

Population	3,895
Percent White	64.7%
Percent American Indian	34.7%
Percent Age 65 or Over	13.6%
Percent Age 4 or Under	8.6%

Socioeconomic Indicators

Population Under 100% of Poverty	941
Percent of the Population	24.3%
Population Under 200% of Poverty	1,916
Percent of the Population	49.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	9.1%
Percent of Mothers Receiving Care in 1st Trimester	69.9%
oPercent of Mothers Who Used Tobacco While Pregnant ²	31.0%
oPercent of Mothers Who Consumed Alcohol While Pregnant ²	9.6%
oFertility Rate ³	99.3
Teenage Pregnancy Rate ⁴	26.3

Mortality⁵

ALL CAUSES	852.7
Heart Disease	184.3
Acute Myocardial Infarction	110.0
Heart Failure	34.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	230.6
Trachea, Bronchus, & Lung	84.6
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	21.2
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	62.3
oAccidents	91.9
oMotor Vehicle Accidents	62.6
Chronic Lower Respiratory Diseases	66.7
Influenza & Pneumonia	LNE
Diabetes Mellitus	20.3
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	25.0
Intentional Self-Harm (suicide)	LNE
Infant Mortality	16.5

•Denotes a health status indicator which is significantly better than the state average.

oDenotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.00 FTE
PA/NP/CNM ⁷	2.50 FTE

Rural Health Clinic⁹:

Stanley-Jones Memorial Clinic, Presho

Community Health Services, WIC¹³: Lyman County Courthouse, Kennebec

WIC¹³ Site: 187 Oyate Circle, Lower Brule

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

New Life Boarding Home, Presho 8 beds

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

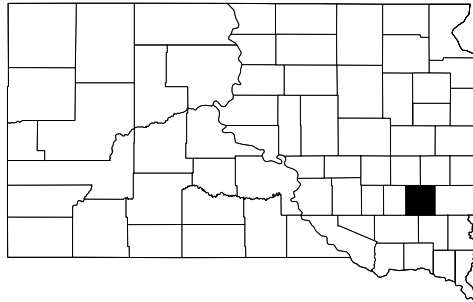
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

McCook County

Demographic Information



McCook County is located in eastern South Dakota and averages 10.2 persons per square mile.

2000 Population Information

Population	5,832
Percent White	98.9%
Percent American Indian	0.6%
Percent Age 65 or Over	19.5%
Percent Age 4 or Under	6.7%

Socioeconomic Indicators

Population Under 100% of Poverty	458
Percent of the Population	8.1%
Population Under 200% of Poverty	1,724
Percent of the Population	30.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	8.6%
Percent of Mothers Receiving Care in 1st Trimester	81.7%
●Percent of Mothers Who Used Tobacco While Pregnant ²	11.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.4%
Fertility Rate ³	72.7
●Teenage Pregnancy Rate ⁴	8.3

Mortality⁵

●ALL CAUSES	682.2
Heart Disease	236.2
Acute Myocardial Infarction	112.4
Heart Failure	21.7
○Atherosclerotic Cardiovascular Disease	40.2
Malignant Neoplasms (cancer)	168.8
●Trachea, Bronchus, & Lung	19.2
Colon, Rectum, & Anus	26.0
Female Breast	19.6
Prostate	34.6
Pancreas	14.2
Leukemia	LNE
Non-Hodgkin's Lymphoma	10.7
●Cerebrovascular Disease	35.7
Accidents	37.9
Motor Vehicle Accidents	17.1
Chronic Lower Respiratory Diseases	33.4
Influenza & Pneumonia	34.9
Diabetes Mellitus	16.1
Alzheimer's Disease	13.6
Nephritis, Nephrotic Syndrome, & Nephrosis	7.7
Intentional Self-Harm (suicide)	LNE
Infant Mortality	10.5

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.00 FTE
PA/NP/CNM ⁷	2.00 FTE

Rural Health Clinic⁹:

Avera Salem Family Medical Clinic, Salem
McGreevy Clinic, Salem

Community Health Services & WIC¹³: McCook
County Courthouse, Salem

Hospitals

None

Long-Term Care

Nursing Facilities:

Diamond Care Center, Bridgewater	39 beds
Canistota Good Samaritan Ctr, Canistota	53 beds
Beverly Healthcare, Salem	63 beds

Assisted Living Centers:

Grandview, Bridgewater	14 beds
Leisure Living, Salem	10 beds

Residential Living Centers:

Leisure Living Apartments, Salem	20 beds
--	---------

Home Health Agencies:

State Home Care Services, Salem

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

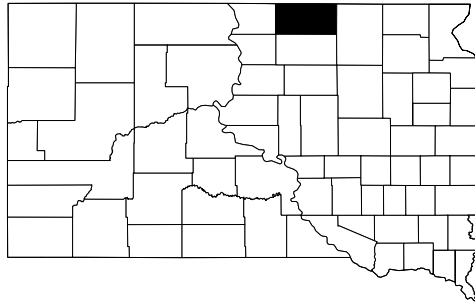
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

McPherson County

Demographic Information



McPherson County is located in the north central region of the state and averages 2.6 persons per square mile.

2000 Population Information

Population	2,904
Percent White	99.3%
Percent American Indian	0.4%
Percent Age 65 or Over	29.6%
Percent Age 4 or Under	5.5%

Socioeconomic Indicators

Population Under 100% of Poverty	640
Percent of the Population	22.6%
Population Under 200% of Poverty	1,446
Percent of the Population	51.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	3.7%
Percent of Mothers Receiving Care in 1st Trimester	78.2%
•Percent of Mothers Who Used Tobacco While Pregnant ²	6.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	64.7
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	623.4
Heart Disease	265.7
Acute Myocardial Infarction	100.4
Heart Failure	23.2
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	150.3
•Trachea, Bronchus, & Lung	24.6
Colon, Rectum, & Anus	14.7
Female Breast	LNE
Prostate	30.3
Pancreas	26.0
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	47.6
Accidents	25.7
Motor Vehicle Accidents	LNE
•Chronic Lower Respiratory Diseases	22.6
Influenza & Pneumonia	LNE
Diabetes Mellitus	23.2
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.00 FTE
PA/NP/CNM ⁷	0.00 FTE

Community Health Services/PHA¹⁸ & WIC¹³:

Eureka Community Hospital, Eureka
McPherson County Courthouse, Leola

Hospitals

Critical Access Hospital¹⁵:

Eureka Comm. Health Services 6 beds/3 swing¹⁷

Long-Term Care

Nursing Facilities:

Eureka Health Care Center, Eureka 62 beds

Assisted Living Centers:

Eureka Community Health Services, Eureka.. 10 beds

Residential Living Centers:

None

Home Health Agencies:

Eureka Home Health Agency, Eureka

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

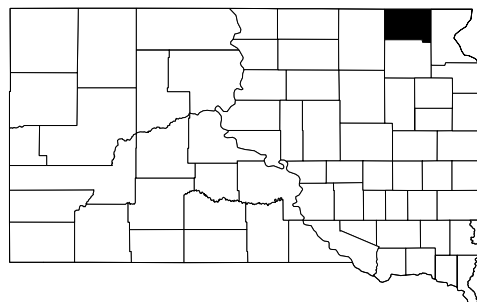
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Marshall County

Demographic Information



Marshall County is located in the northeastern part of the state and averages 5.5 persons per square mile.

2000 Population Information

Population	4,576
Percent White	92.6%
Percent American Indian	6.8%
Percent Age 65 or Over	21.3%
Percent Age 4 or Under	5.9%

Socioeconomic Indicators

Population Under 100% of Poverty	621
Percent of the Population	13.9%
Population Under 200% of Poverty	1,741
Percent of the Population	38.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	4.4%
Percent of Mothers Receiving Care in 1st Trimester	74.2%
Percent of Mothers Who Used Tobacco While Pregnant ²	24.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	48.4
•Teenage Pregnancy Rate ⁴	6.6

Mortality⁵

•ALL CAUSES	669.6
Heart Disease	191.7
Acute Myocardial Infarction	112.2
•Heart Failure	10.3
○Atherosclerotic Cardiovascular Disease	37.6
•Malignant Neoplasms (cancer)	144.8
Trachea, Bronchus, & Lung	42.8
Colon, Rectum, & Anus	27.4
Female Breast	21.8
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	84.9
Accidents	33.1
Motor Vehicle Accidents	24.3
Chronic Lower Respiratory Diseases	43.7
Influenza & Pneumonia	25.3
Diabetes Mellitus	LNE
Alzheimer's Disease	20.6
Nephritis, Nephrotic Syndrome, & Nephrosis	10.8
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.00 FTE
PA/NP/CNM ⁷	1.00 FTE

Community Health Services & WIC¹³: Community Building, Britton

Hospitals

Critical Access Hospital¹⁵:

Marshall County Healthcare Center, Britton 20 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Wheatcrest Hills, Britton 55 beds

Assisted Living Centers:

Spruce Court, Britton 28 beds

Residential Living Centers:

None

Home Health Agencies:

Marshall County Healthcare Center Home Health, Britton

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

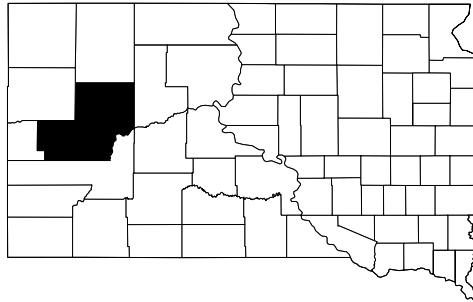
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Meade County

Demographic Information



Meade County is located in west central South Dakota and averages 7.0 persons per square mile.

2000 Population Information

Population	24,253
Percent White	92.7%
Percent American Indian	3.4%
Percent Age 65 or Over	10.4%
Percent Age 4 or Under	7.7%

Socioeconomic Indicators

Population Under 100% of Poverty	2,195
Percent of the Population	9.4%
Population Under 200% of Poverty	7,681
Percent of the Population	32.9

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.9%
Percent of Mothers Receiving Care in 1st Trimester	81.7%
Percent of Mothers Who Used Tobacco While Pregnant ²	18.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.5%
Fertility Rate ³	69.2
Teenage Pregnancy Rate ⁴	16.2

Mortality⁵

ALL CAUSES	820.1
Heart Disease	237.7
● Acute Myocardial Infarction	45.3
○ Heart Failure	55.4
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	197.1
Trachea, Bronchus, & Lung	56.5
● Colon, Rectum, & Anus	12.7
Female Breast	23.1
Prostate	41.4
Pancreas	9.8
Leukemia	14.4
Non-Hodgkin's Lymphoma	15.4
Cerebrovascular Disease	56.4
Accidents	38.4
● Motor Vehicle Accidents	14.4
○ Chronic Lower Respiratory Diseases	73.8
Influenza & Pneumonia	21.2
Diabetes Mellitus	21.8
Alzheimer's Disease	10.9
Nephritis, Nephrotic Syndrome, & Nephrosis	11.7
Intentional Self-Harm (suicide)	10.7
Infant Mortality	9.1

● Denotes a health status indicator which is significantly better than the state average.

○ Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	21.00 FTE
PA/NP/CNM ⁷	10.40 FTE

Federally Qualified Health Care Center⁸:

Faith Community Health Center, Faith

Community Health Services, WIC¹³ & Family Planning:

Meade County Courthouse, Sturgis
2nd Ave West, Faith

Hospitals

Veterans' Administration:

VA Black Hills Health Care System, Ft. Meade

Critical Access Hospital¹⁵:

Sturgis Community Health Care Center,
Sturgis 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Sturgis Community Health Care Center 84 beds

Assisted Living Centers:

Foothills Assisted Living, Sturgis 16 beds
Key City Retirement Home, Sturgis 15 beds
Dakota Hills ALC, Sturgis 10 beds

Residential Living Centers:

Faith Living Center, Faith 10 beds
Crooks Home Care, Sturgis 5 beds

Home Health Agencies:

Sturgis Community HC Center-Home Care, Sturgis

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

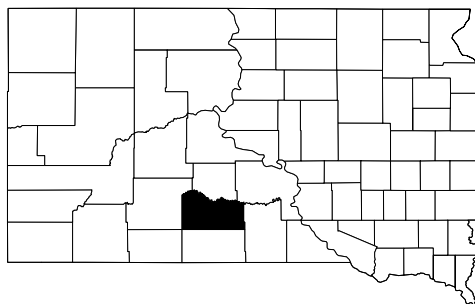
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Mellette County

Demographic Information



Mellette County is located in the south central region of the state and averages 1.6 persons per square mile.

2000 Population Information

Population	2,083
Percent White	44.7%
Percent American Indian	54.9%
Percent Age 65 or Over	13.2%
Percent Age 4 or Under	9.0%

Socioeconomic Indicators

Population Under 100% of Poverty	724
Percent of the Population	35.8%
Population Under 200% of Poverty	1,249
Percent of the Population	61.8%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	8.0%
○Percent of Mothers Receiving Care in 1st Trimester	63.7%
Percent of Mothers Who Used Tobacco While Pregnant ²	23.8%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	5.0%
○Fertility Rate ³	83.7
Teenage Pregnancy Rate ⁴	44.4

Mortality⁵

○ALL CAUSES	1059.7
Heart Disease	221.4
Acute Myocardial Infarction	118.1
Heart Failure	33.6
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	216.6
Trachea, Bronchus, & Lung	80.2
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	48.9
○Accidents	163.3
○Motor Vehicle Accidents	124.0
Chronic Lower Respiratory Diseases	69.6
Influenza & Pneumonia	LNE
Diabetes Mellitus	71.6
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.10 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Center⁸:
Mellette County Health Care, White River

Hospitals

None

Long-Term Care

Nursing Facilities:

White River Health Care Center, White River	52 beds
--	---------

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

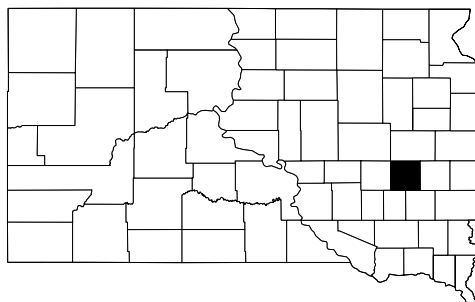
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

Miner County

Demographic Information



Miner County is located in the east central region of the state and averages 5.1 persons per square mile.

2000 Population Information

Population	2,884
Percent White	98.8%
Percent American Indian	0.4%
Percent Age 65 or Over	23.9%
Percent Age 4 or Under	5.1%

Socioeconomic Indicators

Population Under 100% of Poverty	334
Percent of the Population	11.8%
Population Under 200% of Poverty	1,058
Percent of the Population	37.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	8.9%
Percent of Mothers Receiving Care in 1st Trimester	82.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	16.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	60.0
Teenage Pregnancy Rate ⁴	11.5

Mortality⁵

•ALL CAUSES	668.0
Heart Disease	171.3
•Acute Myocardial Infarction	42.2
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	29.8
Malignant Neoplasms (cancer)	141.5
Trachea, Bronchus, & Lung	35.0
Colon, Rectum, & Anus	33.0
Female Breast	42.9
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	59.8
Accidents	48.3
Motor Vehicle Accidents	36.6
Chronic Lower Respiratory Diseases	37.1
Influenza & Pneumonia	LNE
Diabetes Mellitus	13.7
Alzheimer's Disease	38.1
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.20 FTE
PA/NP/CNM ⁷	2.60 FTE

Federally Qualified Health Care Center⁸:
Howard Clinic, Howard

Rural Health Clinic⁹:
Avera St. Joseph Clinic, Howard

Community Health Services, WIC¹³ & Family Planning: Miner County Courthouse, Howard

Hospitals

None

Long-Term Care

Nursing Facilities:
Howard Good Samaritan Center, Howard 54 beds

Assisted Living Centers:
Whispering Winds Assisted Living, Howard . 20 beds
Howard Good Samaritan Center, Howard 6 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

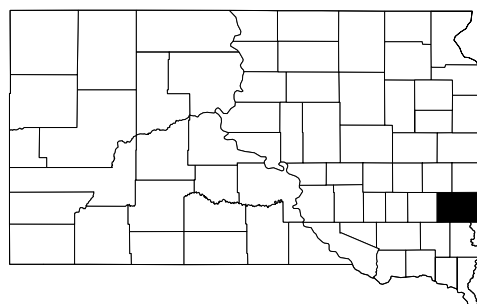
⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Minnehaha County

Demographic Information



Minnehaha County is located in southeastern South Dakota and averages 183.1 persons per square mile.

2000 Population Information

Population	148,281
Percent White	93.0%
Percent American Indian	2.3%
Percent Age 65 or Over	11.0%
Percent Age 4 or Under	7.3%

Socioeconomic Indicators

Population Under 100% of Poverty	10,790
Percent of the Population	7.5%
Population Under 200% of Poverty	30,666
Percent of the Population	21.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	6.7%
Percent of Mothers Receiving Care in 1st Trimester	80.6%
●Percent of Mothers Who Used Tobacco While Pregnant ²	18.1%
●Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.7%
○Fertility Rate ³	69.3
Teenage Pregnancy Rate ⁴	23.8

Mortality⁵

ALL CAUSES	803.1
Heart Disease	208.6
●Acute Myocardial Infarction	46.6
Heart Failure	17.9
●Atherosclerotic Cardiovascular Disease	8.5
Malignant Neoplasms (cancer)	206.7
○Trachea, Bronchus, & Lung	59.6
Colon, Rectum, & Anus	20.5
Female Breast	26.2
Prostate	35.7
Pancreas	11.0
Leukemia	10.0
Non-Hodgkin's Lymphoma	9.8
○Cerebrovascular Disease	68.3
●Accidents	33.5
●Motor Vehicle Accidents	15.3
○Chronic Lower Respiratory Diseases	50.0
Influenza & Pneumonia	22.8
●Diabetes Mellitus	17.3
○Alzheimer's Disease	22.5
Nephritis, Nephrotic Syndrome, & Nephrosis	12.1
Intentional Self-Harm (suicide)	15.3
Infant Mortality	6.2

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

Health Care Resources

Primary Care

Physicians ⁶	147.40 FTE
PA/NP/CNM ⁷	29.80 FTE

Federally Qualified Health Care Centers⁸:

Sioux River Valley Comm. Hlth. Ctr., Sioux Falls
SD Urban Indian Health, Sioux Falls

WIC¹³ and Bright Starts¹⁴:

Downtown, Sioux Falls
Eastside, Sioux Falls
Westside, Sioux Falls

Children's Special Health Services¹¹:

South Dakota Children's Specialty Clinics, Sioux Falls

Disease Intervention Office¹²:

1200 North West Ave, Sioux Falls

Family Planning Service Sites:

Downtown Women's Health
Urban Indian Health

Hospitals

There are 8 hospitals in Minnehaha County. For more information refer to Appendix B, page 229.

Long-Term Care

There are 40 long-term care facilities in Minnehaha County. For more information refer to Appendix B, page 229-230.

Home Health Agencies:

There are 8 home health agencies in Minnehaha County. For more information refer to Appendix B, page 230.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹¹CSHS provides diagnostic, consultative and care coordination services for children with special health care needs.

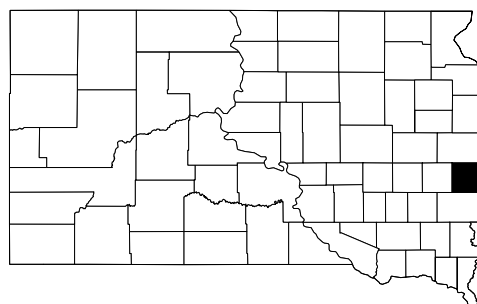
¹²DIS coordinate infectious disease prevention and control programs.

¹³A supplemental Nutrition Program for Women, Infants and Children.

¹⁴Bright Start nurses provide home visits to expectant and new moms to help them improve their own and their babies' health and to be good parents.

Moody County

Demographic Information



Moody County is located on the Minnesota border and averages 12.7 persons per square mile.

2000 Population Information

Population	6,595
Percent White	84.9%
Percent American Indian	13.8%
Percent Age 65 or Over	14.9%
Percent Age 4 or Under	6.2%

Socioeconomic Indicators

Population Under 100% of Poverty	623
Percent of the Population	9.6%
Population Under 200% of Poverty	1,933
Percent of the Population	29.6%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	8.8%
Percent of Mothers Receiving Care in 1st Trimester	77.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	24.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.6%
Fertility Rate ³	61.8
Teenage Pregnancy Rate ⁴	14.1

Mortality⁵

ALL CAUSES	716.8
Heart Disease	272.5
Acute Myocardial Infarction	68.5
Heart Failure	30.3
○Atherosclerotic Cardiovascular Disease	79.1
●Malignant Neoplasms (cancer)	139.9
Trachea, Bronchus, & Lung	42.7
Colon, Rectum, & Anus	22.6
Female Breast	LNE
Prostate	46.6
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	39.8
Accidents	48.2
Motor Vehicle Accidents	39.1
Chronic Lower Respiratory Diseases	32.2
Influenza & Pneumonia	LNE
Diabetes Mellitus	22.1
○Alzheimer's Disease	46.9
Nephritis, Nephrotic Syndrome, & Nephrosis	12.4
Intentional Self-Harm (suicide)	LNE
Infant Mortality	15.1

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.90 FTE
PA/NP/CNM ⁷	1.90 FTE

Rural Health Clinic⁹:

Flandreau Medical Clinic Avera, Flandreau

Community Health Services/PHA¹⁸, WIC¹³ & Family Planning: 309 N Prairie Street, Flandreau

Hospitals

Critical Access Hospital¹⁵:

Flandreau Medical Center/Avera Health
Flandreau 18 beds/8 swing¹⁷

Long-Term Care

Nursing Facilities:

Riverview Manor, Flandreau 65 beds

Assisted Living Centers:

Greenleaf Assisted Living, Flandreau 28 beds

Riverview Health Services, Flandreau 4 beds

Trent Assisted Living Center, Trent 16 beds

Residential Living Centers:

None

Home Health Agencies:

Flandreau Home Care, Flandreau

Riverview Home Health, Flandreau

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

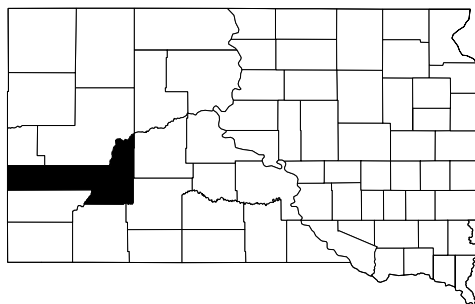
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Pennington County

Demographic Information



Pennington County is located on the Wyoming border and averages 31.9 persons per square mile.

2000 Population Information

Population	88,565
Percent White	86.7%
Percent American Indian	9.9%
Percent Age 65 or Over	11.8%
Percent Age 4 or Under	7.1%

Socioeconomic Indicators

Population Under 100% of Poverty	9,967
Percent of the Population	11.5%
Population Under 200% of Poverty	25,914
Percent of the Population	30.0%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.8%
Percent of Mothers Receiving Care in 1st Trimester	79.1%
○Percent of Mothers Who Used Tobacco While Pregnant ²	24.5%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
○Fertility Rate ³	72.1
○Teenage Pregnancy Rate ⁴	28.8

Mortality⁵

ALL CAUSES	824.8
Heart Disease	229.6
Acute Myocardial Infarction	71.6
Heart Failure	22.3
Atherosclerotic Cardiovascular Disease	15.0
○Malignant Neoplasms (cancer)	211.0
Trachea, Bronchus, & Lung	57.0
Colon, Rectum, & Anus	18.8
Female Breast	23.8
Prostate	39.9
Pancreas	8.9
Leukemia	7.5
Non-Hodgkin's Lymphoma	10.6
Cerebrovascular Disease	47.7
Accidents	41.9
Motor Vehicle Accidents	21.8
○Chronic Lower Respiratory Diseases	54.8
Influenza & Pneumonia	18.5
Diabetes Mellitus	21.6
○Alzheimer's Disease	26.6
Nephritis, Nephrotic Syndrome, & Nephrosis	10.2
Intentional Self-Harm (suicide)	12.2
Infant Mortality	8.1

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

Health Care Resources

Primary Care

Physicians ⁶	66.75 FTE
PA/NP/CNM ⁷	27.30 FTE

Federally Qualified Health Care Center⁸:

Rapid City Community Health Ctr, Rapid City

Rural Health Clinics⁹:

Hill City Medical Clinic, Hill City

Wall Health Services Inc, Wall

Community Health Services, WIC¹³ and Bright Start Home Visits¹⁴:

Department of Health, Rapid City

Community Health Services, WIC¹³ & Family Planning:

Main Street, Hill City

WIC¹³ Sites:

Ellsworth Air Force Base

Methodist Church, Wall

Children's Special Health Services¹¹:

2905 Fifth Street, Rapid City

Disease Intervention Office¹²:

909 E St. Patrick STE 7, Rapid City

Family Planning Contract Agency:

Rapid City Community Health Center, Rapid City

Hospitals

There are 5 hospitals in Pennington County. For more information refer to Appendix B, page 230.

Long-Term Care

There are 31 long-term care facilities and 5 home health agencies in Pennington County. For more information refer to Appendix B, page 230.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹¹CSHS provides diagnostic, consultative and care coordination services for children with special health care needs.

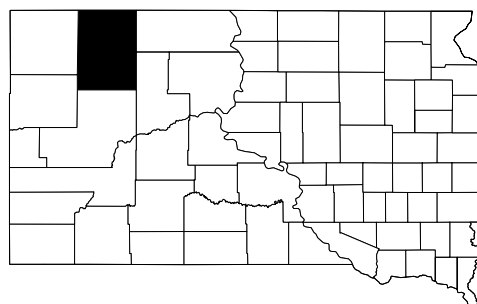
¹²DIS coordinate infectious disease prevention and control programs.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁴Bright Start nurses provide home visits to expectant and new moms to help them improve their own and their babies' health and to be good parents.

Perkins County

Demographic Information



Perkins County is located in northwestern South Dakota and averages 1.2 persons per square mile.

2000 Population Information

Population	3,363
Percent White	96.6%
Percent American Indian	2.2%
Percent Age 65 or Over	23.7%
Percent Age 4 or Under	5.8%

Socioeconomic Indicators

Population Under 100% of Poverty	561
Percent of the Population	16.9%
Population Under 200% of Poverty	1,469
Percent of the Population	44.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

●Percent Low Birth Weight Infants	2.8%
Percent of Mothers Receiving Care in 1st Trimester	69.8%
●Percent of Mothers Who Used Tobacco While Pregnant ²	13.1%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
●Fertility Rate ³	50.9
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	731.5
Heart Disease	211.3
Acute Myocardial Infarction	66.0
Heart Failure	21.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	163.2
Trachea, Bronchus, & Lung	36.5
Colon, Rectum, & Anus	13.7
Female Breast	LNE
Prostate	26.0
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	16.5
Cerebrovascular Disease	48.5
Accidents	75.0
Motor Vehicle Accidents	42.8
Chronic Lower Respiratory Diseases	27.5
Influenza & Pneumonia	11.5
Diabetes Mellitus	16.7
Alzheimer's Disease	11.7
Nephritis, Nephrotic Syndrome, & Nephrosis	11.5
Intentional Self-Harm (suicide)	25.7
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	1.40 FTE
PA/NP/CNM ⁷	1.30 FTE

Federally Qualified Health Care Center⁸:
West River Health Clinic, Bison

Rural Health Clinic⁹:
West River Health Clinic, Lemmon

Community Health Services, WIC¹³ & Family Planning: 108 W. Main, Bison
Eastside Professional Center, Lemmon

Hospitals

Critical Access Hospital¹⁵:
Five Counties Hospital, Lemmon 4 beds/2 swing¹⁷

Long-Term Care

Nursing Facilities:
Five Counties Nursing Home, Lemmon 44 beds

Assisted Living Centers:
None

Residential Living Centers:
None

Home Health Agencies:
None

Medicare Certified Hospices:
None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

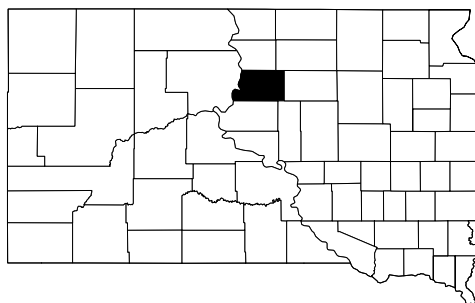
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Potter County

Demographic Information



Potter County is located in north central South Dakota and averages 3.1 persons per square mile.

2000 Population Information

Population	2,693
Percent White.....	98.1%
Percent American Indian.....	1.2%
Percent Age 65 or Over.....	25.0%
Percent Age 4 or Under.....	4.5%

Socioeconomic Indicators

Population Under 100% of Poverty	331
Percent of the Population.....	12.6%
Population Under 200% of Poverty	971
Percent of the Population.....	36.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹

1999-2003

Natality

Percent Low Birth Weight Infants.....	3.2%
Percent of Mothers Receiving Care in 1st Trimester.....	86.4%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.2%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	62.1
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES.....	817.0
Heart Disease	195.0
Acute Myocardial Infarction	68.4
Heart Failure	38.0
Atherosclerotic Cardiovascular Disease.....	LNE
Malignant Neoplasms (cancer).....	173.7
Trachea, Bronchus, & Lung.....	42.8
Colon, Rectum, & Anus.....	32.6
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	36.2
Accidents.....	69.8
Motor Vehicle Accidents	52.6
Chronic Lower Respiratory Diseases	72.8
Influenza & Pneumonia.....	44.5
Diabetes Mellitus.....	14.0
Alzheimer's Disease.....	30.3
Nephritis, Nephrotic Syndrome, & Nephrosis.....	16.3
Intentional Self-Harm (suicide).....	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

Health Care Resources

Primary Care

Physicians ⁶	0.40 FTE
PA/NP/CNM ⁷	2.00 FTE

Federally Qualified HealthCare Center⁸:

Gettysburg Community Care Clinic, Gettysburg

Rural Health Clinic⁹:

Hoven Medical Clinic, Hoven

WIC¹³ Site: 318 3rd Avenue, Hoven

Hospitals

Critical Access Hospital¹⁵:

Gettysburg Memorial, Gettysburg 7 beds/3 swing¹⁷

Specialized Hospital¹⁶:

Holy Infant Hospital, Hoven..... 26 beds/13 swing¹⁷

Long-Term Care

Nursing Facilities:

Oahe Manor, Gettysburg..... 48 beds

Assisted Living Centers:

St. Francis ALC, Gettysburg..... 16 beds

Holy Infant Hospital ALC, Hoven..... 5 beds

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

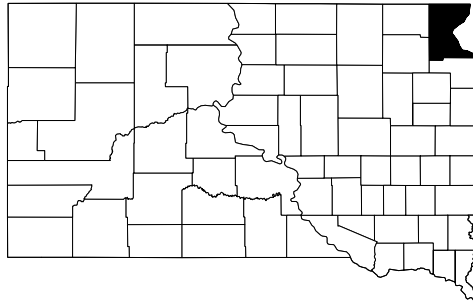
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as surgical, obstetrical and emergency services.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Roberts County

Demographic Information



Roberts County is located in the extreme northeastern corner of the state and averages 9.1 persons per square mile.

2000 Population Information

Population	10,016
Percent White	68.3%
Percent American Indian	31.2%
Percent Age 65 or Over	17.0%
Percent Age 4 or Under	6.7%

Socioeconomic Indicators

Population Under 100% of Poverty	2,175
Percent of the Population	22.1%
Population Under 200% of Poverty	4,712
Percent of the Population	47.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Nativity

Percent Low Birth Weight Infants	6.0%
○Percent of Mothers Receiving Care in 1st Trimester	63.6%
○Percent of Mothers Who Used Tobacco While Pregnant ²	30.6%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	4.0%
○Fertility Rate ³	79.2
Teenage Pregnancy Rate ⁴	27.5

Mortality⁵

○ALL CAUSES	879.4
○Heart Disease	275.8
○Acute Myocardial Infarction	125.3
●Heart Failure	8.2
○Atherosclerotic Cardiovascular Disease	47.6
Malignant Neoplasms (cancer)	207.2
Trachea, Bronchus, & Lung	49.2
Colon, Rectum, & Anus	24.3
Female Breast	19.4
Prostate	52.1
Pancreas	17.5
Leukemia	6.1
Non-Hodgkin's Lymphoma	10.8
Cerebrovascular Disease	60.4
○Accidents	79.3
○Motor Vehicle Accidents	55.5
●Chronic Lower Respiratory Diseases	26.3
Influenza & Pneumonia	21.5
Diabetes Mellitus	26.4
Alzheimer's Disease	23.9
Nephritis, Nephrotic Syndrome, & Nephrosis	10.0
Intentional Self-Harm (suicide)	15.7
Infant Mortality	8.6

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	5.50 FTE
PA/NP/CNM ⁷	0.60 FTE

Rural Health Clinic⁹:

Wilmot Clinic, Wilmot

Coteau Des Prairies Hospital-Sisseton Clinic, Sisseton

Coteau Des Prairies Hospital-Wilmot Clinic, Wilmot

Community Health Services, WIC¹³ & Family Planning: 405 E. Chestnut, Sisseton

Hospitals

Coteau Des Prairies, Sisseton 31 beds/8 swing¹⁷

Indian Health Service, Sisseton

Long-Term Care

Nursing Facilities:

Rosholt Care Center, Rosholt 42 beds

Tekakwitha Nursing Center, Sisseton 81 beds

Wilmot Care Center, Wilmot 30 beds

Assisted Living Centers:

Rosholt Care Center, Rosholt 8 beds

Greenleaf Assisted Living, Sisseton 37 beds

Residential Living Centers:

None

Home Health Agencies:

Coteau des Prairies Hospital Home Care, Sisseton

Prairie Lakes Home Care, Sisseton

Medicare Certified Hospices:

Tekawitha Nursing Home, Sisseton

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

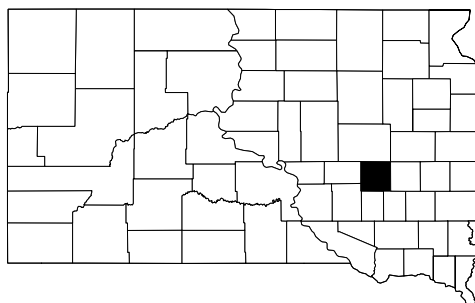
⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Sanborn County

Demographic Information



Sanborn County is located in east central South Dakota and averages 4.7 persons per square mile.

2000 Population Information

Population	2,675
Percent White	98.9%
Percent American Indian	0.4%
Percent Age 65 or Over	19.5%
Percent Age 4 or Under	5.8%

Socioeconomic Indicators

Population Under 100% of Poverty	391
Percent of the Population	14.9%
Population Under 200% of Poverty	966
Percent of the Population	36.9%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	LNE
Percent of Mothers Receiving Care in 1st Trimester	74.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	14.2%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	3.0%
Fertility Rate ³	57.2
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

ALL CAUSES	788.3
Heart Disease	194.4
Acute Myocardial Infarction	64.1
Heart Failure	28.7
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	189.2
Trachea, Bronchus, & Lung	61.0
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	25.3
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	64.9
Accidents	34.9
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	28.0
Influenza & Pneumonia	22.2
Diabetes Mellitus	33.4
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

● Denotes a health status indicator which is significantly better than the state average.

○ Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.30 FTE
PA/NP/CNM ⁷	0.40 FTE

Federally Qualified Health Care Center⁸:

Whiting Memorial Clinic, Woonsocket

Community Health Services & WIC¹³: Sanborn County Courthouse, Woonsocket

Hospitals

None

Long-Term Care

Nursing Facilities:

Prairie View Care Center, Woonsocket	44 beds
Storla Sunset Home, Letcher	32 beds

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

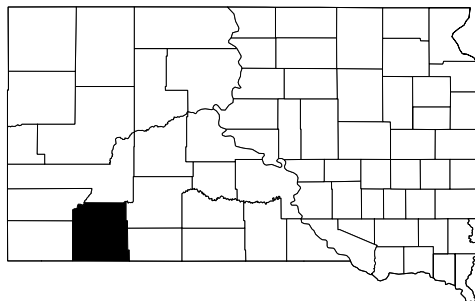
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Shannon County

Demographic Information



Shannon County is located in the southwestern part of the state, along the Nebraska border and averages 6.0 persons per square mile.

2000 Population Information

Population	12,466
Percent White	4.5%
Percent American Indian	95.1%
Percent Age 65 or Over	4.8%
Percent Age 4 or Under	10.9%

Socioeconomic Indicators

Population Under 100% of Poverty	6,385
Percent of the Population	52.3%
Population Under 200% of Poverty	9,485
Percent of the Population	77.7%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	7.1%
○Percent of Mothers Receiving Care in 1st Trimester	63.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	19.3%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	7.3%
○Fertility Rate ³	129.7
○Teenage Pregnancy Rate ⁴	71.2

Mortality⁵

○ALL CAUSES	1883.9
○Heart Disease	379.0
Acute Myocardial Infarction	54.2
○Heart Failure	84.1
Atherosclerotic Cardiovascular Disease	LNE
○Malignant Neoplasms (cancer)	291.9
Trachea, Bronchus, & Lung	83.8
Colon, Rectum, & Anus	22.6
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
○Cerebrovascular Disease	103.9
○Accidents	182.2
○Motor Vehicle Accidents	133.7
Chronic Lower Respiratory Diseases	58.1
○Influenza & Pneumonia	70.5
○Diabetes Mellitus	158.0
Alzheimer's Disease	LNE
○Nephritis, Nephrotic Syndrome, & Nephrosis	69.2
Intentional Self-Harm (suicide)	21.5
Infant Mortality	13.0

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	10.90 FTE
PA/NP/CNM ⁷	7.00 FTE

WIC¹³ Sites: Kyle, Manderson, Pine Ridge, Porcupine

Hospitals

Indian Health Service, Pine Ridge

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

Ellen Stephen Home Care, Pine Ridge

Medicare Certified Hospices:

Ellen Stephen Hospice, Kyle

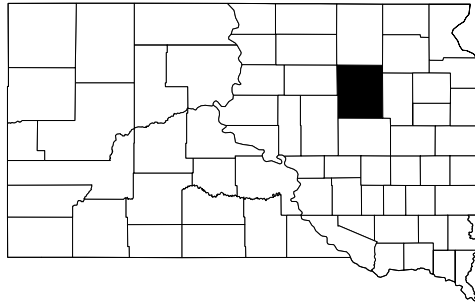
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Spink County

Demographic Information



Spink County is located in the center of eastern South Dakota and averages 5.0 persons per square mile.

2000 Population Information

Population	7,454
Percent White	97.6%
Percent American Indian	1.8%
Percent Age 65 or Over	18.9%
Percent Age 4 or Under	5.6%

Socioeconomic Indicators

Population Under 100% of Poverty	896
Percent of the Population	12.8%
Population Under 200% of Poverty	2,457
Percent of the Population	35.2%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

●Percent Low Birth Weight Infants	3.0%
Percent of Mothers Receiving Care in 1st Trimester	74.1%
Percent of Mothers Who Used Tobacco While Pregnant ²	16.4%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	63.4
●Teenage Pregnancy Rate ⁴	6.5

Mortality⁵

ALL CAUSES	797.7
Heart Disease	232.2
Acute Myocardial Infarction	102.2
Heart Failure	21.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	192.1
Trachea, Bronchus, & Lung	50.7
Colon, Rectum, & Anus	25.3
Female Breast	25.1
Prostate	23.4
Pancreas	8.9
Leukemia	LNE
Non-Hodgkin's Lymphoma	12.2
Cerebrovascular Disease	60.1
Accidents	33.6
Motor Vehicle Accidents	15.3
Chronic Lower Respiratory Diseases	51.7
Influenza & Pneumonia	34.4
●Diabetes Mellitus	11.4
Alzheimer's Disease	10.4
Nephritis, Nephrotic Syndrome, & Nephrosis	10.2
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	2.80 FTE
PA/NP/CNM ⁷	3.80 FTE

Rural Health Clinic⁹:

Redfield Clinic, Redfield

Community Health Services, WIC¹³ & Family Planning: Spink County Courthouse, Redfield

Hospitals

Critical Access Hospital¹⁵:

Community Memorial Hospital,
Redfield..... 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Redfield..... 66 beds
Eastern Star Home of South Dakota,
Redfield..... 30 beds

Assisted Living Centers:

Eastern Star Home of SD AL, Redfield..... 8 beds
Lakeside Assisted Living, Redfield 22 beds
Sunset Court ALC, Redfield..... 16 beds

Residential Living Centers:

None

Home Health Agencies:

Community Memorial Home Health, Redfield

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

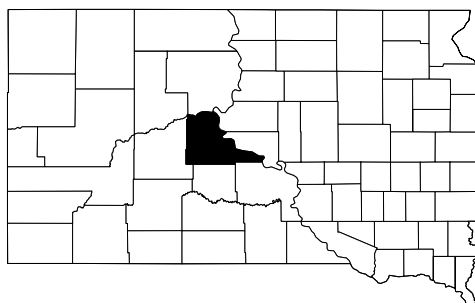
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Stanley County

Demographic Information



Stanley County is located in the center of the state and averages 1.9 persons per square mile.

2000 Population Information

Population	2,772
Percent White	93.0%
Percent American Indian	6.2%
Percent Age 65 or Over	11.0%
Percent Age 4 or Under	5.6%

Socioeconomic Indicators

Population Under 100% of Poverty	238
Percent of the Population	8.7%
Population Under 200% of Poverty	691
Percent of the Population	25.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.2%
Percent of Mothers Receiving Care in 1st Trimester	80.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	17.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
Fertility Rate ³	62.7
Teenage Pregnancy Rate ⁴	12.1

Mortality⁵

ALL CAUSES	681.2
Heart Disease	173.8
Acute Myocardial Infarction	50.6
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	211.2
Trachea, Bronchus, & Lung	35.6
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	130.4
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	29.6
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	45.4
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

● Denotes a health status indicator which is significantly better than the state average.

○ Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.00 FTE
PA/NP/CNM ⁷	0.00 FTE

Community Health Services & WIC¹³: Stanley County Courthouse, Ft. Pierre

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

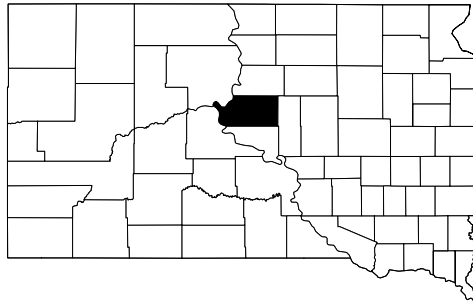
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Sully County

Demographic Information



Sully County is located in the central region of the state and averages 1.5 persons per square mile.

2000 Population Information

Population	1,556
Percent White	97.8%
Percent American Indian	1.3%
Percent Age 65 or Over	17.4%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	186
Percent of the Population	12.1%
Population Under 200% of Poverty	514
Percent of the Population	33.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	4.4%
Percent of Mothers Receiving Care in 1st Trimester	91.0%
Percent of Mothers Who Used Tobacco While Pregnant ²	14.6%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	63.4
Teenage Pregnancy Rate ⁴	LNE

Mortality⁵

•ALL CAUSES	504.1
•Heart Disease	129.8
Acute Myocardial Infarction	LNE
Heart Failure	37.5
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	181.1
Trachea, Bronchus, & Lung	51.9
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	LNE
Accidents	51.1
Motor Vehicle Accidents	51.1
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	LNE
Diabetes Mellitus	LNE
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.05 FTE
PA/NP/CNM ⁷	1.00 FTE

Federally Qualified Health Care Center⁸:
Onida Clinic, Onida

WIC¹³ Site: Sully County Courthouse, Onida

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

St. Mary's Home Health, Onida/Gettysburg Branch,
Onida

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

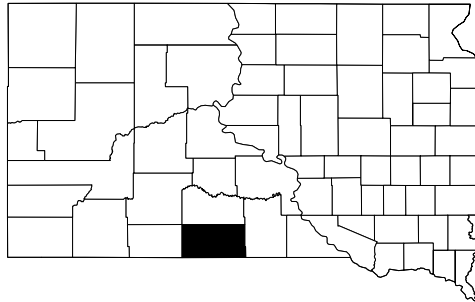
⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

¹³Supplemental Nutrition Program for Women, Infants and Children.

Todd County

Demographic Information



Todd County is located in south central South Dakota, along the Nebraska border and averages 6.5 persons per square mile.

2000 Population Information

Population	9,050
Percent White	12.6%
Percent American Indian	86.9%
Percent Age 65 or Over	5.8%
Percent Age 4 or Under	12.0%

Socioeconomic Indicators

Population Under 100% of Poverty	4,294
Percent of the Population	48.3%
Population Under 200% of Poverty	6,525
Percent of the Population	73.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.8%
○Percent of Mothers Receiving Care in 1st Trimester	56.1%
○Percent of Mothers Who Used Tobacco While Pregnant ²	26.7%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	3.4%
○Fertility Rate ³	129.6
○Teenage Pregnancy Rate ⁴	80.4

Mortality⁵

○ALL CAUSES	1436.3
○Heart Disease	350.7
○Acute Myocardial Infarction	133.7
Heart Failure	36.1
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	223.8
Trachea, Bronchus, & Lung	46.2
Colon, Rectum, & Anus	36.7
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	35.7
○Accidents	182.0
○Motor Vehicle Accidents	103.8
Chronic Lower Respiratory Diseases	41.1
○Influenza & Pneumonia	59.7
Diabetes Mellitus	48.9
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	20.4
○Intentional Self-Harm (suicide)	32.3
Infant Mortality	14.2

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	3.40 FTE
PA/NP/CNM ⁷	7.40 FTE

Federally Qualified Health Care Center⁸:

Mission Medical Clinic, Mission

Hospitals

Indian Health Service, Rosebud

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

Lakota Home Health Care, Mission

Medicare Certified Hospices:

None

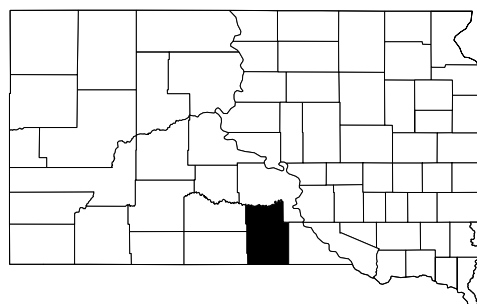
⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

Tripp County

Demographic Information



Tripp County is located along the Nebraska border in south central South Dakota and averages 4.0 persons per square mile.

2000 Population Information

Population	6,430
Percent White	87.5%
Percent American Indian	12.2%
Percent Age 65 or Over	19.7%
Percent Age 4 or Under	6.3%

Socioeconomic Indicators

Population Under 100% of Poverty	1,254
Percent of the Population	19.9%
Population Under 200% of Poverty	2,793
Percent of the Population	44.4%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.9%
Percent of Mothers Receiving Care in 1st Trimester	83.9%
Percent of Mothers Who Used Tobacco While Pregnant ²	24.3%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
Fertility Rate ³	63.4
Teenage Pregnancy Rate ⁴	26.2

Mortality⁵

ALL CAUSES	815.6
Heart Disease	242.0
○ Acute Myocardial Infarction	135.8
● Heart Failure	10.3
○ Atherosclerotic Cardiovascular Disease	42.2
Malignant Neoplasms (cancer)	214.9
Trachea, Bronchus, & Lung	51.1
Colon, Rectum, & Anus	18.1
Female Breast	47.2
Prostate	48.5
Pancreas	10.6
○ Leukemia	26.2
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	65.6
Accidents	58.2
Motor Vehicle Accidents	32.4
Chronic Lower Respiratory Diseases	28.2
Influenza & Pneumonia	31.9
Diabetes Mellitus	16.0
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	13.7
Intentional Self-Harm (suicide)	LNE
Infant Mortality	11.2

● Denotes a health status indicator which is significantly better than the state average.

○ Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	4.00 FTE
PA/NP/CNM ⁷	2.40 FTE

Community Health Services/PHA¹⁸, WIC¹³ & Family Planning:

Winner Regional Healthcare Center, Winner

Hospitals

Winner Regional Healthcare Center, Winner	40 beds/10 swing ¹⁷
--	--------------------------------

Long-Term Care

Nursing Facilities:

Winner Regional Healthcare Center, Winner	71 beds
--	---------

Assisted Living Centers:

Elder Inn, Winner	35 beds
Golden Prairie Manor, Winner	23 beds

Residential Living Centers:

None

Home Health Agencies:

Winner Regional Home Health, Winner

Medicare Certified Hospices:

Hospice of the Plains, Winner

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

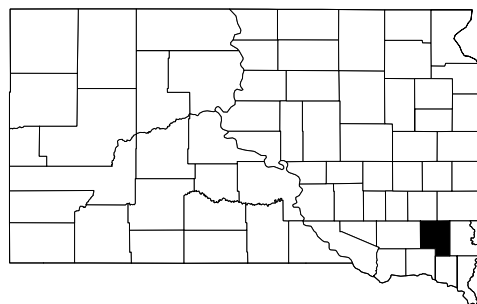
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Turner County

Demographic Information



Turner County is located in southeastern South Dakota and averages 14.3 persons per square mile.

2000 Population Information

Population	8,849
Percent White	98.9%
Percent American Indian	0.5%
Percent Age 65 or Over	20.4%
Percent Age 4 or Under	5.7%

Socioeconomic Indicators

Population Under 100% of Poverty	617
Percent of the Population	7.2%
Population Under 200% of Poverty	2,469
Percent of the Population	28.6%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.7%
Percent of Mothers Receiving Care in 1st Trimester	80.5%
•Percent of Mothers Who Used Tobacco While Pregnant ²	15.0%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
•Fertility Rate ³	57.8
•Teenage Pregnancy Rate ⁴	9.7

Mortality⁵

ALL CAUSES	778.4
Heart Disease	223.1
Acute Myocardial Infarction	106.1
Heart Failure	13.8
•Atherosclerotic Cardiovascular Disease	4.8
Malignant Neoplasms (cancer)	178.5
Trachea, Bronchus, & Lung	34.5
Colon, Rectum, & Anus	23.4
Female Breast	20.1
Prostate	41.2
Pancreas	17.1
Leukemia	16.9
Non-Hodgkin's Lymphoma	5.9
Cerebrovascular Disease	74.1
Accidents	52.7
Motor Vehicle Accidents	25.2
•Chronic Lower Respiratory Diseases	15.3
Influenza & Pneumonia	20.1
Diabetes Mellitus	28.7
Alzheimer's Disease	10.1
Nephritis, Nephrotic Syndrome, & Nephrosis	19.6
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

Health Care Resources

Primary Care

Physicians ⁶	3.30 FTE
PA/NP/CNM ⁷	3.80 FTE

Rural Health Clinics⁹:

Centerville Medical Clinic, Centerville
Marion Clinic, Marion
Parker Area Medical Clinic, Parker
Viborg Medical Clinic, Viborg

Community Health Services/PHA¹⁸ & WIC¹³:

Pioneer Memorial Hospital, Viborg
Turner County Courthouse, Parker

Hospitals

Critical Access Hospital¹⁵:

Pioneer Mem Hospital, Viborg 12 beds/6 swing¹⁷

Long-Term Care

Nursing Facilities:

Centerville Good Samaritan, Centerville 45 beds
Sunset Manor Avera Health, Irene 44 beds
Tieszen Memorial Home, Marion 64 beds
Pioneer Memorial Nursing Home, Viborg 52 beds

Assisted Living Centers:

Marion Assisted Living Center, Marion 16 beds
Parker Assisted Living Center, Parker 14 beds
Evergreen ALC, Viborg 16 beds
Pioneer Inn, Viborg 12 beds

Residential Living Centers:

Pioneer Villa, Viborg 20 beds

Home Health Agencies:

Marion Home Care, Marion
Pioneer Memorial Hospital Home Care, Viborg

Medicare Certified Hospices:

None

⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

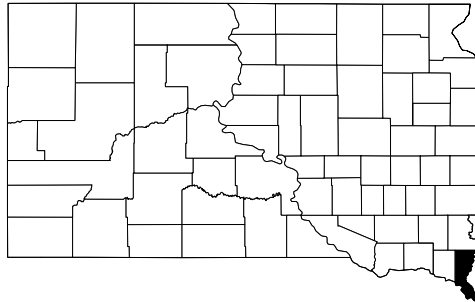
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Union County

Demographic Information



Union County is located in the southeastern corner of the state and averages 27.3 persons per square mile.

2000 Population Information

Population	12,584
Percent White	96.8%
Percent American Indian	0.7%
Percent Age 65 or Over	13.5%
Percent Age 4 or Under	6.9%

Socioeconomic Indicators

Population Under 100% of Poverty	681
Percent of the Population	5.5%
Population Under 200% of Poverty	2,521
Percent of the Population	20.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.2%
•Percent of Mothers Receiving Care in 1st Trimester	91.9%
•Percent of Mothers Who Used Tobacco While Pregnant ²	12.9%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	LNE
Fertility Rate ³	68.7
•Teenage Pregnancy Rate ⁴	8.4

Mortality⁵

ALL CAUSES	762.2
Heart Disease	262.0
○Acute Myocardial Infarction	124.1
•Heart Failure	10.2
•Atherosclerotic Cardiovascular Disease	5.7
Malignant Neoplasms (cancer)	188.2
Trachea, Bronchus, & Lung	48.7
Colon, Rectum, & Anus	33.1
Female Breast	15.9
Prostate	48.2
Pancreas	11.7
Leukemia	7.1
Non-Hodgkin's Lymphoma	5.9
•Cerebrovascular Disease	34.0
Accidents	36.2
Motor Vehicle Accidents	19.7
Chronic Lower Respiratory Diseases	41.1
Influenza & Pneumonia	23.1
Diabetes Mellitus	30.3
Alzheimer's Disease	12.6
Nephritis, Nephrotic Syndrome, & Nephrosis	11.7
Intentional Self-Harm (suicide)	9.7
Infant Mortality	6.9

•Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

Health Care Resources

Primary Care

Physicians ⁶	3.90 FTE
PA/NP/CNM ⁷	4.00 FTE

Federally Qualified Health Care Centers⁸:

Alcester Medical Clinic, Alcester
Community Health Clinic, Elk Point

Rural Health Clinic⁹:

Sioux Valley Clinic, Beresford

WIC¹³ Site: Union County Courthouse, Elk Point

Family Planning Service Sites:

Alcester Medical Center, Alcester
Elk Point Community Health Clinic, Elk Point

Hospitals

Specialized Hospital¹⁶:

Siouxland Surgery Center, Dakota Dunes 10 beds

Long-Term Care

Nursing Facilities:

Morningside Manor, Alcester 54 beds
Bethesda of Beresford, Beresford 72 beds
Prairie Estates Care Center, Elk Point 37 beds

Assisted Living Centers:

Morningside Manor, Alcester 9 beds
WEL-Life at Elk Point, Elk Point 30 beds

Residential Living Centers:

Bethesda Inn, Beresford 32 beds
McClung Adult Care Service, Beresford 2 beds

Home Health Agencies:

WEL Home Health, Elk Point

Medicare Certified Hospices:

None

⁸Provide comprehensive primary care to anyone, regardless of ability to pay or to those at 200% of the poverty level on a sliding fee scale.

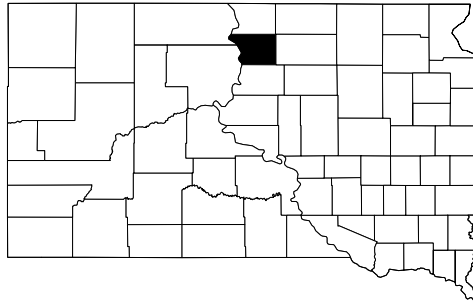
⁹RHCs receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as surgical, obstetrical and emergency services.

Walworth County

Demographic Information



Walworth County is located in north central South Dakota, near the North Dakota border and averages 8.4 persons per square mile.

2000 Population Information

Population	5,974
Percent White	86.6%
Percent American Indian	13.0%
Percent Age 65 or Over	21.9%
Percent Age 4 or Under	6.3%

Socioeconomic Indicators

Population Under 100% of Poverty	1,049
Percent of the Population	18.2%
Population Under 200% of Poverty	2,506
Percent of the Population	43.5%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

●Percent Low Birth Weight Infants	4.0%
Percent of Mothers Receiving Care in 1st Trimester	74.6%
Percent of Mothers Who Used Tobacco While Pregnant ²	24.1%
Percent of Mothers Who Consumed Alcohol While Pregnant ²	2.3%
Fertility Rate ³	71.7
Teenage Pregnancy Rate ⁴	17.2

Mortality⁵

○ALL CAUSES	895.5
○Heart Disease	316.3
○Acute Myocardial Infarction	144.8
Heart Failure	19.9
Atherosclerotic Cardiovascular Disease	24.1
Malignant Neoplasms (cancer)	184.0
Trachea, Bronchus, & Lung	64.1
Colon, Rectum, & Anus	14.8
Female Breast	25.7
Prostate	18.8
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	9.5
Cerebrovascular Disease	60.1
Accidents	44.2
Motor Vehicle Accidents	LNE
Chronic Lower Respiratory Diseases	31.7
Influenza & Pneumonia	19.7
Diabetes Mellitus	36.3
○Alzheimer's Disease	36.4
Nephritis, Nephrotic Syndrome, & Nephrosis	8.7
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	5.80 FTE
PA/NP/CNM ⁷	3.70 FTE

Community Health Services/PHA¹⁸, WIC¹³ & Family Planning:

Mobridge Regional Hospital, Mobridge

WIC¹³ Site: 4416 Main Street, Selby

Hospitals

Critical Access Hospital¹⁵:

Mobridge Regional, Mobridge..... 25 beds/10 swing¹⁷

Long-Term Care

Nursing Facilities:

Beverly Healthcare, Mobridge..... 109 beds
Selby Good Samaritan Center, Selby..... 42 beds

Assisted Living Centers:

Prairie Sunset Village, Mobridge..... 16 beds
Selby Good Samaritan Assisted Living, Selby . 8 beds

Residential Living Centers:

None

Home Health Agencies:

Mobridge Regional Hospital Home Health, Mobridge

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

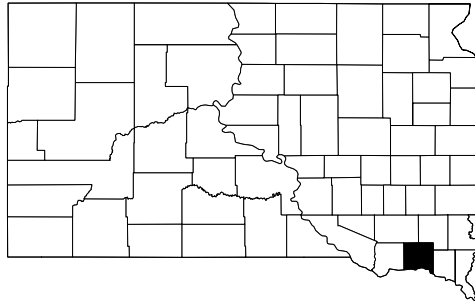
¹⁵A rural hospital designated as a critical access hospital (CAH) is eligible for higher reimbursement when services are provided to Medicare patients.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

¹⁸A partnership of the local county government, local health care providers and the South Dakota Department of Health which delivers community health services.

Yankton County

Demographic Information



Yankton County is located in southeastern South Dakota on the Nebraska border and averages 41.5 persons per square mile.

2000 Population Information

Population	21,652
Percent White	95.1%
Percent American Indian	2.2%
Percent Age 65 or Over	14.6%
Percent Age 4 or Under	6.3%

Socioeconomic Indicators

Population Under 100% of Poverty	1,920
Percent of the Population	9.6%
Population Under 200% of Poverty	5,858
Percent of the Population	29.3%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.
Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	6.4%
●Percent of Mothers Receiving Care in 1st Trimester	88.2%
Percent of Mothers Who Used Tobacco While Pregnant ²	21.1%
●Percent of Mothers Who Consumed Alcohol While Pregnant ²	1.1%
●Fertility Rate ³	60.2
●Teenage Pregnancy Rate ⁴	8.2

Mortality⁵

ALL CAUSES	757.5
Heart Disease	232.1
Acute Myocardial Infarction	93.8
Heart Failure	28.1
●Atherosclerotic Cardiovascular Disease	4.8
Malignant Neoplasms (cancer)	178.9
Trachea, Bronchus, & Lung	38.2
Colon, Rectum, & Anus	24.1
Female Breast	23.7
Prostate	25.1
Pancreas	11.5
Leukemia	7.6
Non-Hodgkin's Lymphoma	11.9
Cerebrovascular Disease	56.7
Accidents	36.3
Motor Vehicle Accidents	17.4
●Chronic Lower Respiratory Diseases	29.6
Influenza & Pneumonia	29.6
Diabetes Mellitus	33.4
●Alzheimer's Disease	10.6
Nephritis, Nephrotic Syndrome, & Nephrosis	15.4
Intentional Self-Harm (suicide)	12.1
Infant Mortality	8.5

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	27.30 FTE
PA/NP/CNM ⁷	2.00 FTE

Community Health Services & WIC¹³: Yankton
County Courthouse, Yankton

Family Planning Service Site: Yankton Family
Planning, Yankton

Hospitals

Avera Sacred Heart, Yankton 144 beds/10 swing¹⁷

Specialized Hospitals¹⁶:

SD Human Services Center, Yankton 133 beds
Lewis & Clark Specialty Hospital, Yankton 6 beds

Long-Term Care

Nursing Facilities:

Avera Sister James, Yankton 187 beds
SD Human Services Centers, Yankton 69 beds

Assisted Living Centers:

Cedar Village, Yankton 21 beds
Majestic Bluffs, Yankton 32 beds
Pine Lane Estates, Yankton 36 beds
Prairie Homes ALC, Yankton 32 beds
Pine Lane West ALC, Yankton 16 beds

Residential Living Centers:

Pine Lane West, Yankton 18 beds
Prairie Homes ALC, Yankton 8 beds

Home Health Agencies:

Avera Sacred Heart Home Care Services, Yankton
YMC Home Care, Yankton

Medicare Certified Hospices:

Avera Sacred Heart Hospice, Yankton

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

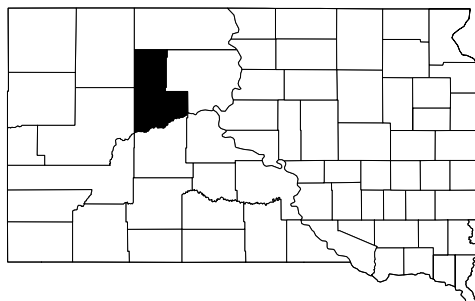
¹³Supplemental Nutrition Program for Women, Infants and Children.

¹⁶Specialized hospitals do not provide all the services required to qualify as a general hospital, such as surgical, obstetrical and emergency services.

¹⁷Swing beds are hospital beds that can be used for acute care or nursing home care.

Ziebach County

Demographic Information



Ziebach County is located in north central South Dakota and averages 1.3 persons per square mile.

2000 Population Information

Population	2,519
Percent White	26.4%
Percent American Indian	73.2%
Percent Age 65 or Over	7.5%
Percent Age 4 or Under	10.8%

Socioeconomic Indicators

Population Under 100% of Poverty	1,256
Percent of the Population	49.9%
Population Under 200% of Poverty	1,817
Percent of the Population	72.1%

¹All rates based on population are calculated according to the 2000 U.S. Census.

²Data for mothers who used tobacco or consumed alcohol while pregnant are self-reported.

³Fertility rate is all births per 1,000 women age 15-44.

⁴Teenage pregnancy rate is the live births, fetal deaths and abortion for females age 15-17 per 1,000 females in that age group.

See Technical Notes for more information.

Source: South Dakota Department of Health

Health Status Indicators¹ 1999-2003

Natality

Percent Low Birth Weight Infants	5.7%
○Percent of Mothers Receiving Care in 1st Trimester	58.6%
○Percent of Mothers Who Used Tobacco While Pregnant ²	32.9%
○Percent of Mothers Who Consumed Alcohol While Pregnant ²	12.9%
Fertility Rate ³	77.2
Teenage Pregnancy Rate ⁴	31.1

Mortality⁵

ALL CAUSES	946.8
Heart Disease	160.3
Acute Myocardial Infarction	46.9
Heart Failure	LNE
Atherosclerotic Cardiovascular Disease	LNE
Malignant Neoplasms (cancer)	153.0
Trachea, Bronchus, & Lung	LNE
Colon, Rectum, & Anus	LNE
Female Breast	LNE
Prostate	LNE
Pancreas	LNE
Leukemia	LNE
Non-Hodgkin's Lymphoma	LNE
Cerebrovascular Disease	81.0
Accidents	104.6
Motor Vehicle Accidents	64.0
Chronic Lower Respiratory Diseases	LNE
Influenza & Pneumonia	LNE
Diabetes Mellitus	82.0
Alzheimer's Disease	LNE
Nephritis, Nephrotic Syndrome, & Nephrosis	LNE
Intentional Self-Harm (suicide)	LNE
Infant Mortality	LNE

●Denotes a health status indicator which is significantly better than the state average.

○Denotes a health status indicator which is significantly worse than the state average.

LNE (Low Number of Events): is used because the rate or percent may be unreliable.

⁵All mortality rates except infant mortality and fetal deaths are age adjusted death rates per 100,000 population. Infant mortality is the number of infant (less than one year) deaths per 1,000 live births. Fetal death rate is the number of fetal deaths per 1,000 live births and fetal deaths combined.

Health Care Resources

Primary Care

Physicians ⁶	0.00 FTE
PA/NP/CNM ⁷	0.00 FTE

Community Health Services, WIC¹³ & Family Planning: Ziebach County Courthouse, Dupree

Disease Intervention Office¹²:
Ziebach County Courthouse, Dupree

Hospitals

None

Long-Term Care

Nursing Facilities:

None

Assisted Living Centers:

None

Residential Living Centers:

None

Home Health Agencies:

None

Medicare Certified Hospices:

None

⁶Includes Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology and General Practice.

⁷Physician Assistant/Nurse Practitioner/Certified Nurse Midwife.

¹³Supplemental Nutrition Program for Women, Infants and Children.

¹²DIS coordinate infectious disease prevention and control programs.

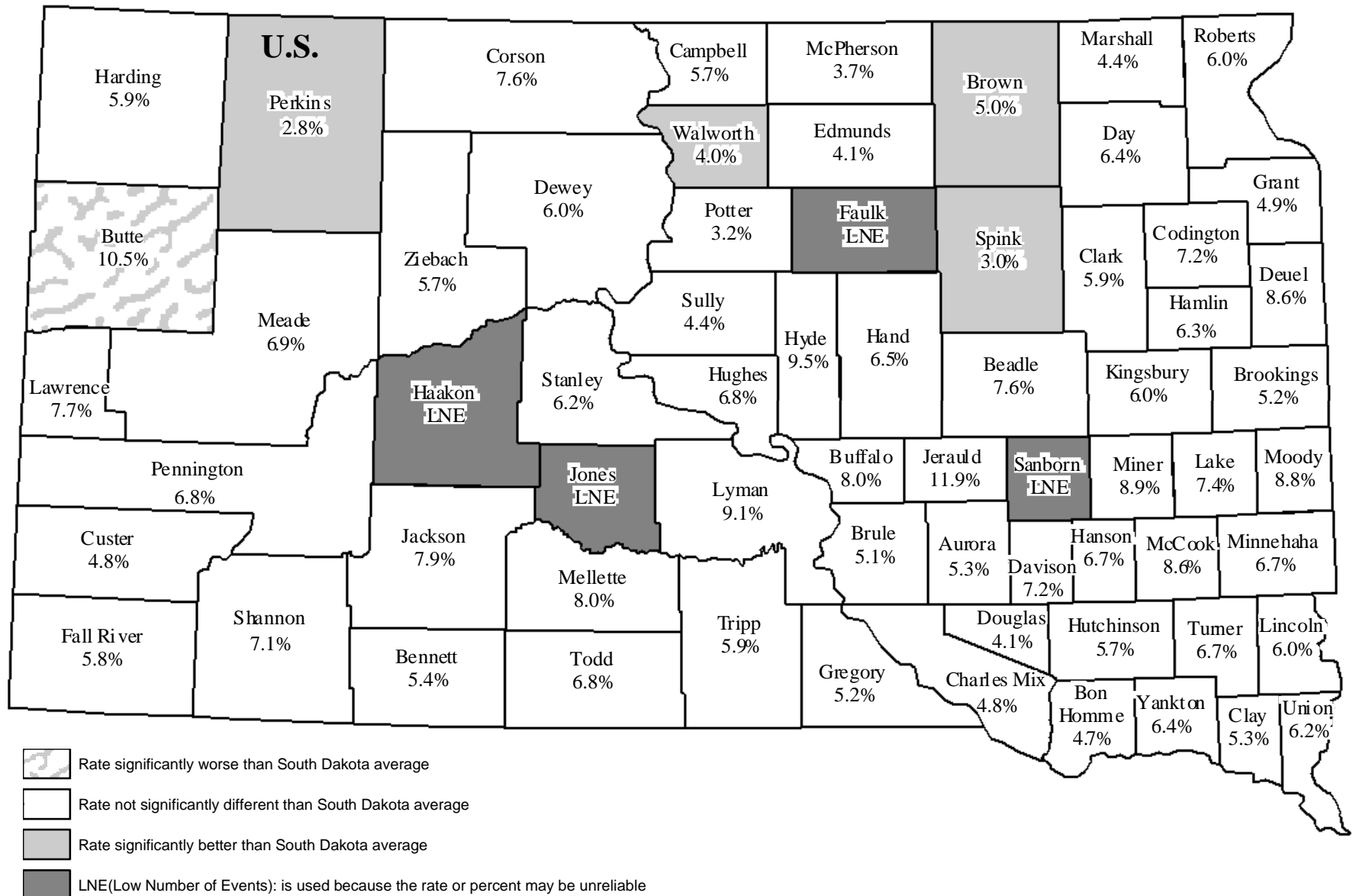
Health Status Maps



Map 1

Percent Of Low Birth Weight Infants By County, 1999-2003

Rate = 7.8% South Dakota Rate = 6.5%

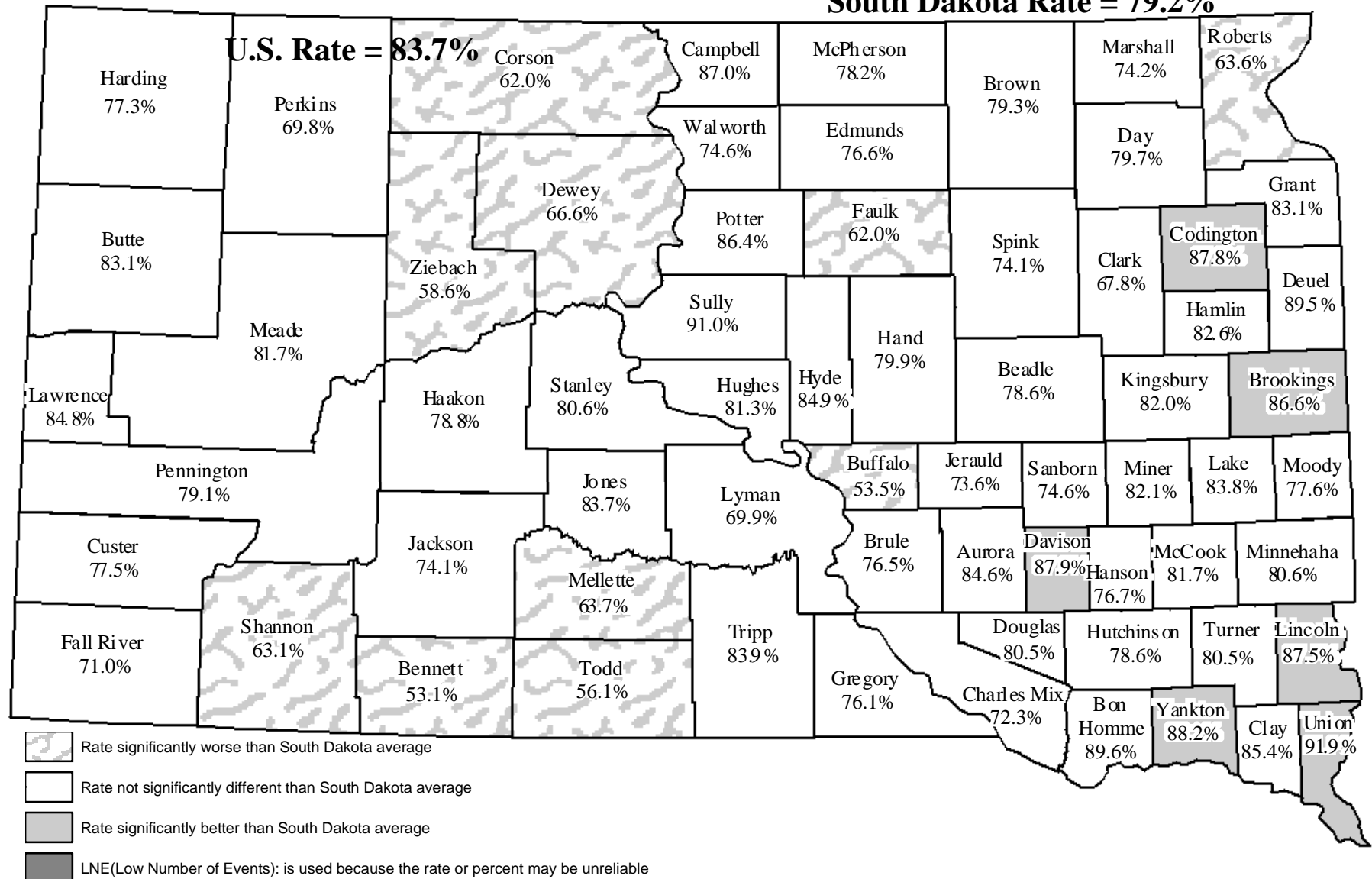


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The percent of low birth weight infants is calculated based on the first weight of the newborn obtained after birth. Low birth weight babies are those born alive who weigh 2,500 grams (about 5 pounds 8 ounces) or less. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 2

Percent Of Mothers Receiving Prenatal Care In The 1st Trimester By County, 1999-2003

South Dakota Rate = 79.2%

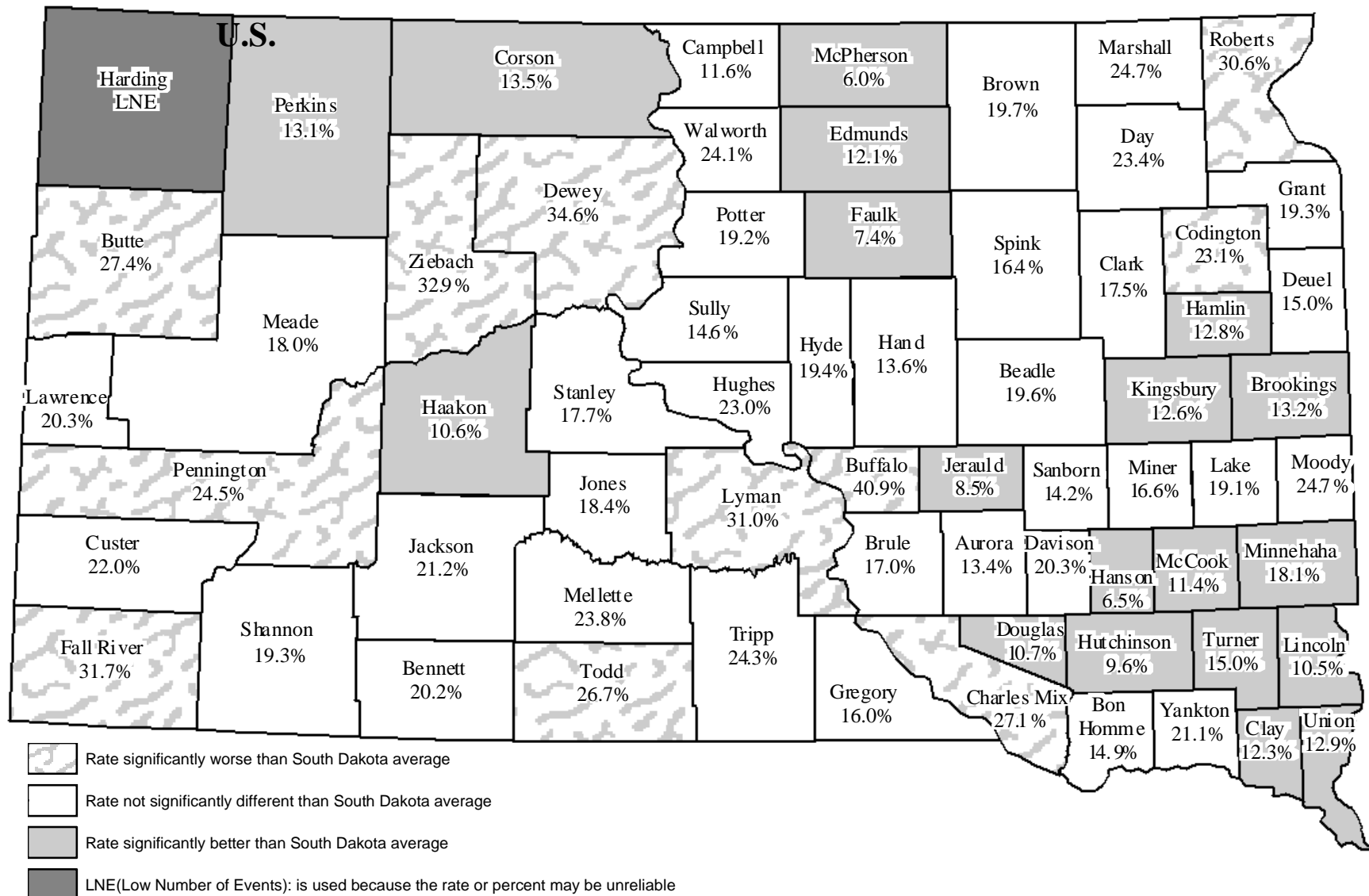


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The rate is based on pregnant women with live births of one or more infants. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 3

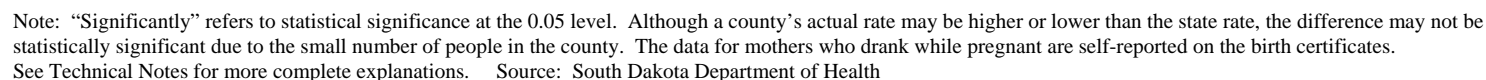
Percent Of Mothers Who Used Tobacco While Pregnant By County, 1999-2003

Rate = 11.4% South Dakota Rate = 19.7%



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The data for mothers while pregnant are self-reported on the birth certificates. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

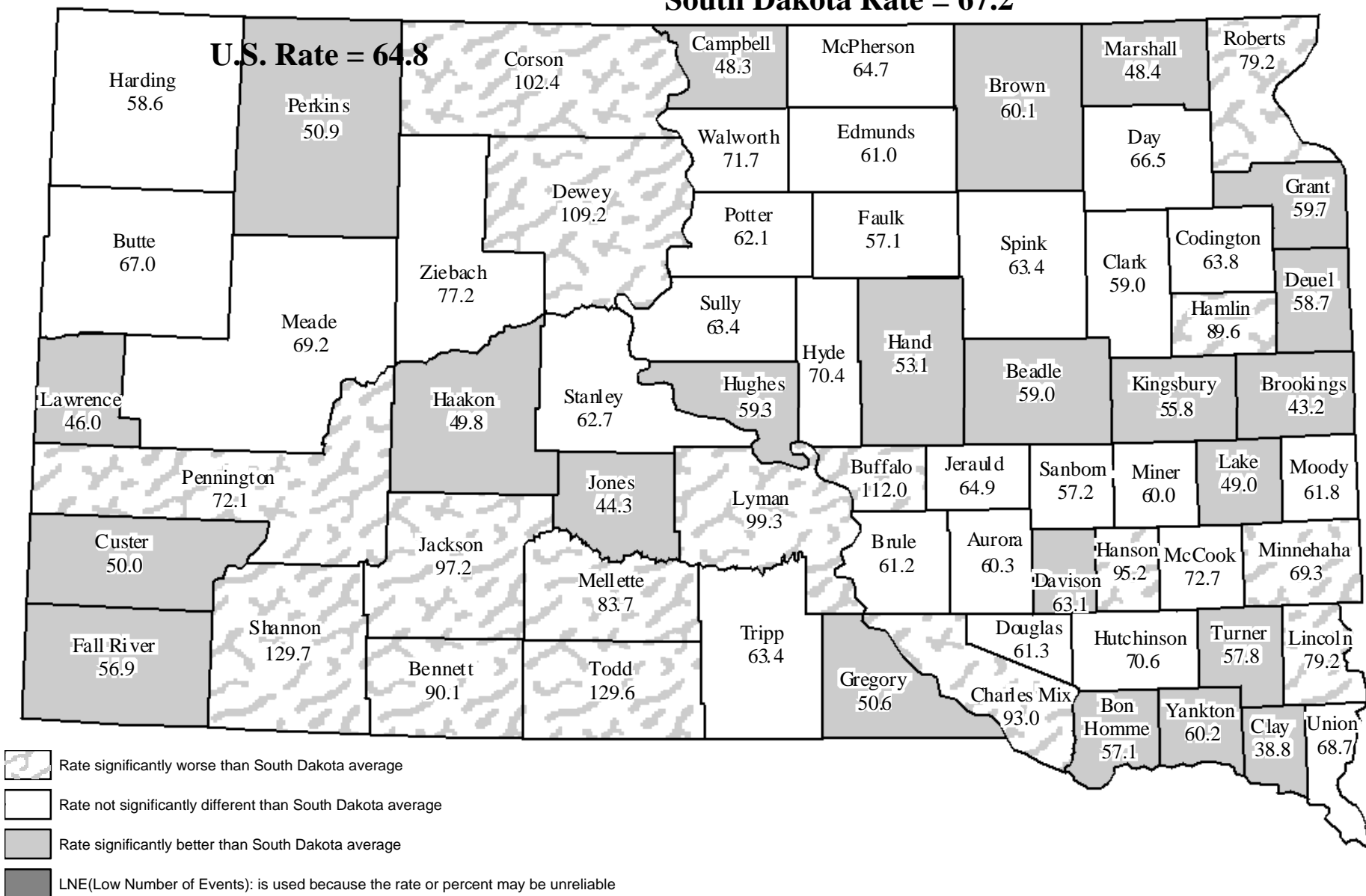
Rate = 0.8%



Map 5

Resident Births and Fertility Rate By Resident County, 1999-2003

South Dakota Rate = 67.2

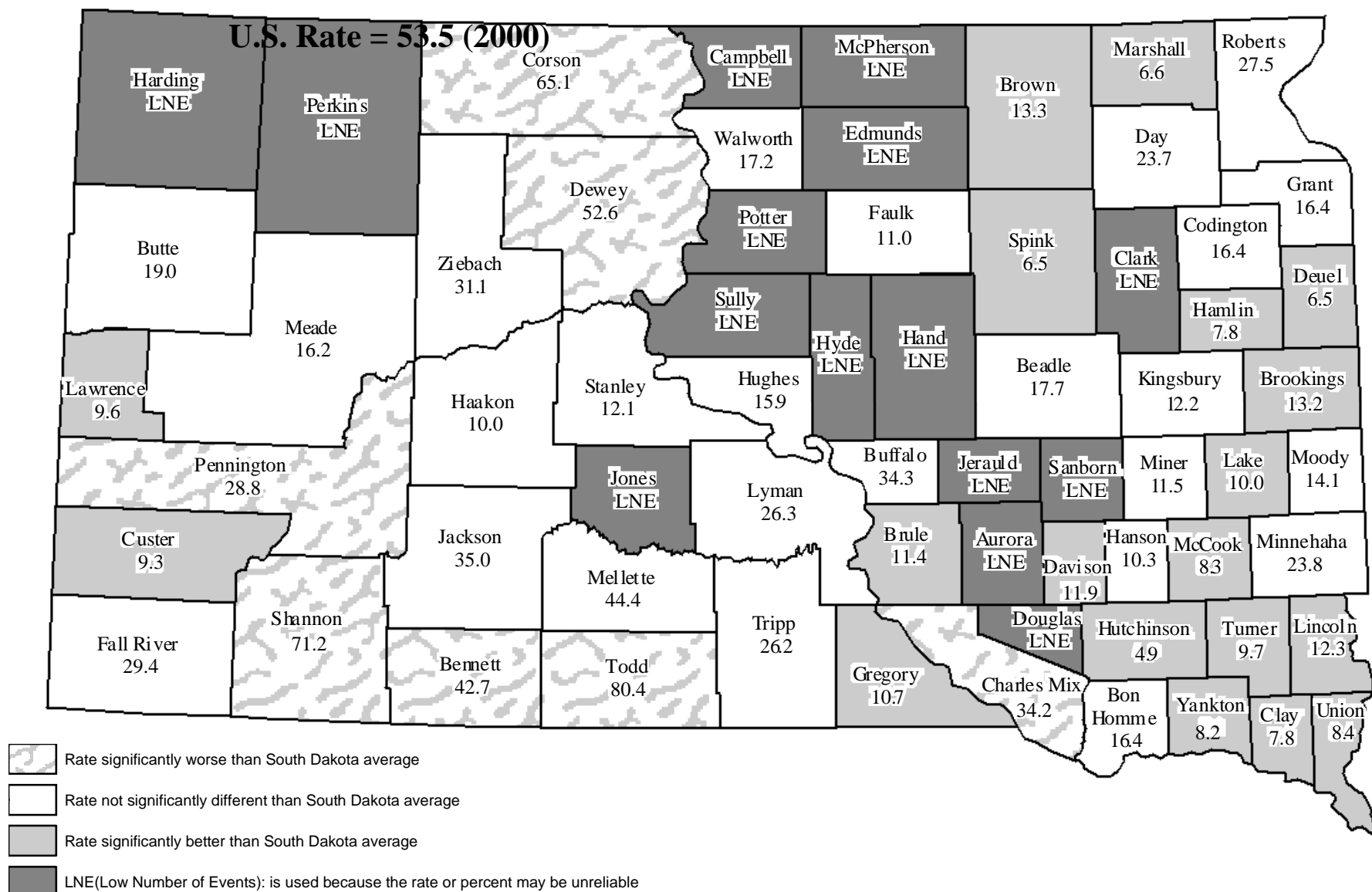


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The fertility rate is all births per 1,000 women age 15-44. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 6

Teenage Pregnancy Rate By Resident County, 1999-2003

South Dakota Rate = 20.7



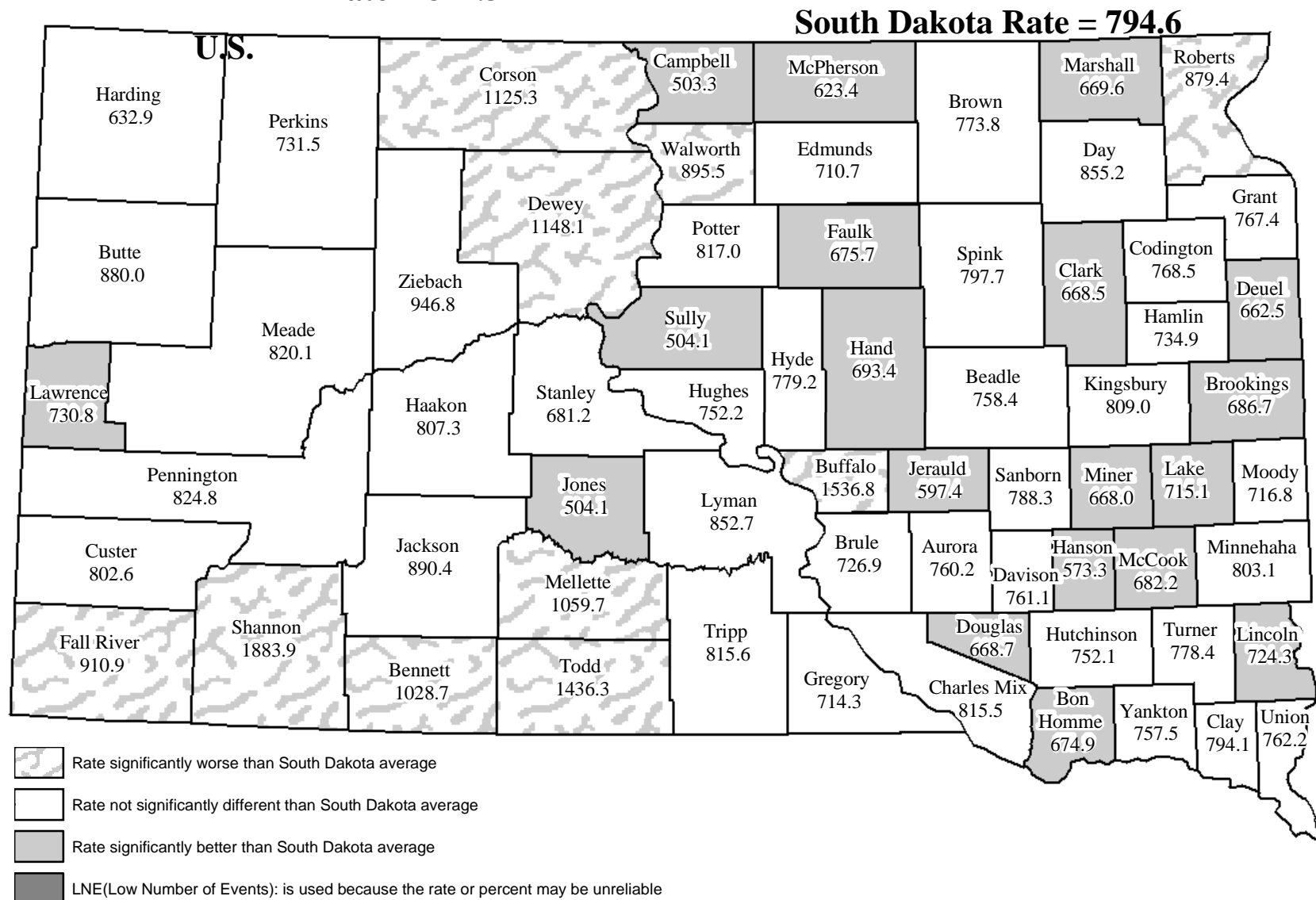
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The teenage pregnancy rate is the live births, fetal deaths, and abortions for females age 15-17 per 1,000 females in that age group. See Technical Notes for more complete explanations.

Source: South Dakota Department of Health

Map 7

Death Rate Due To All Causes By County, 1999-2003

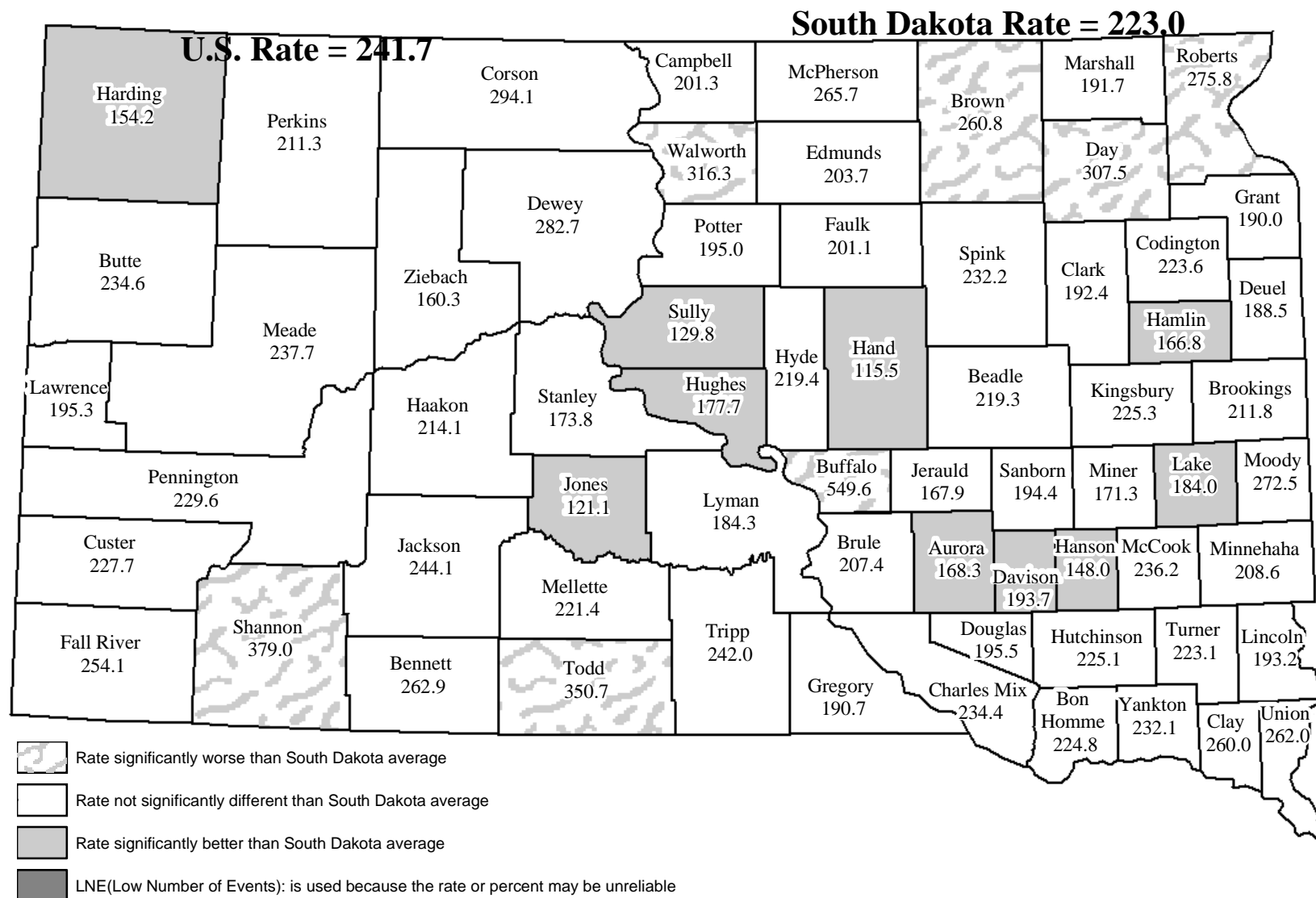
Rate = 847.3



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age difference between populations, making them easier to compare. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 8

Death Rate Due To Heart Disease By County, 1999-2003

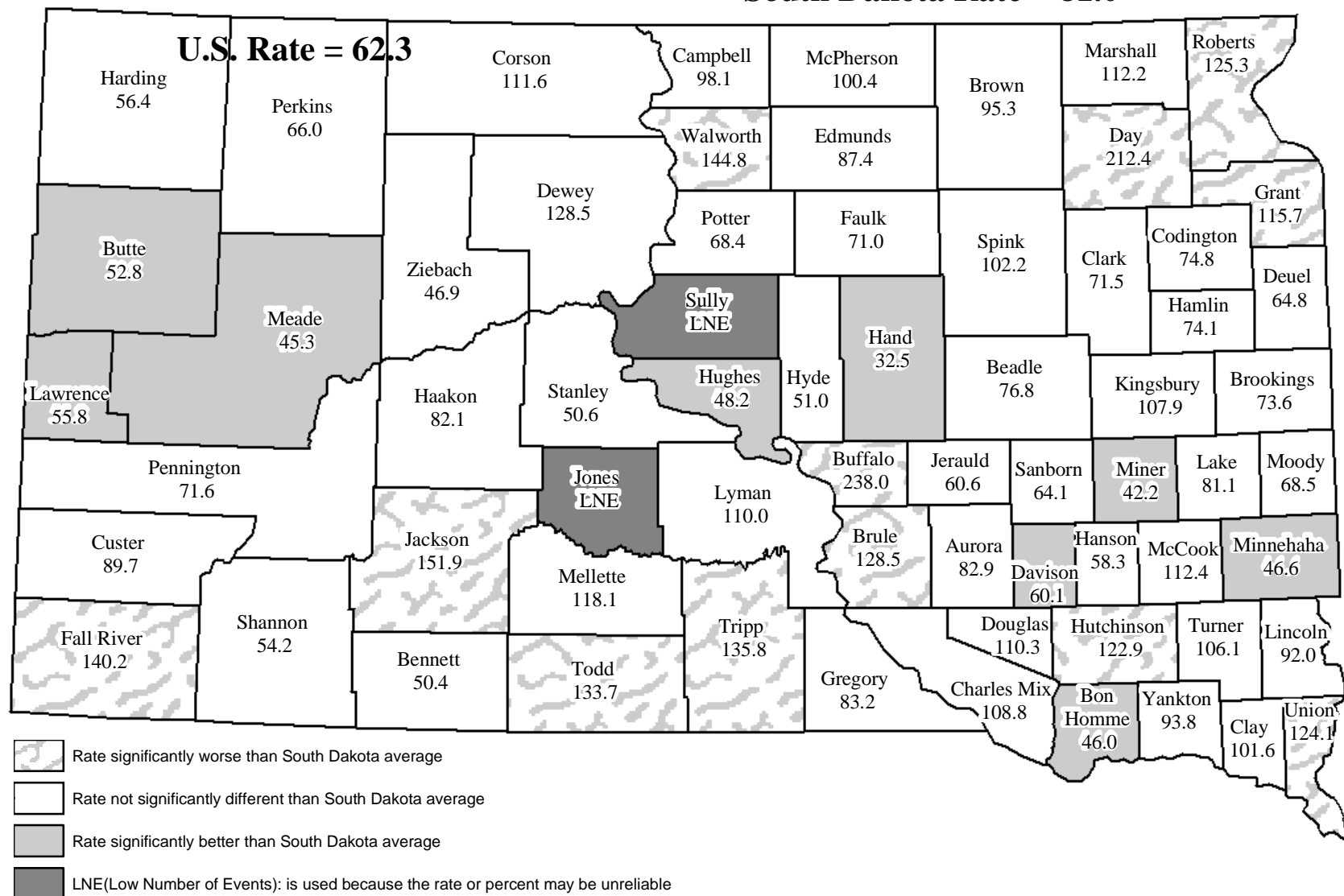


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Heart disease is defined as ICD-10 codes I00-I09, I11, K13, and I20-I51. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 9

Death Rate Due To Acute Myocardial Infarction By County, 1999-2003

South Dakota Rate = 81.0

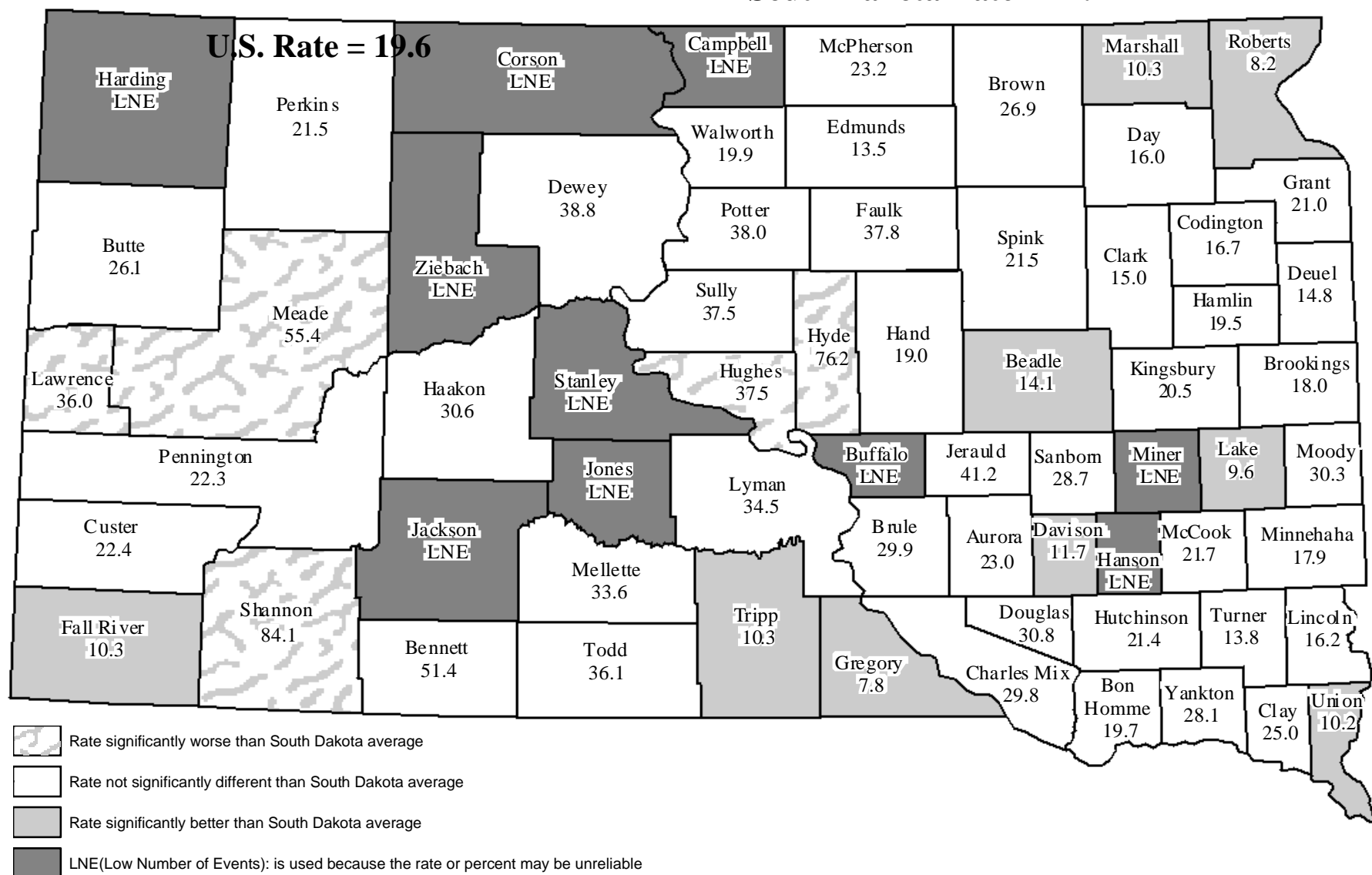


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Acute Myocardial Infarction is defined as ICD-10 codes I21-I22. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 10

Death Rate Due To Heart Failure By County, 1999-2003

South Dakota Rate = 22.2



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Heart Failure is defined as ICD-10 codes I50. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 11

Rate = 23.6

South Dakota Rate = 13.7

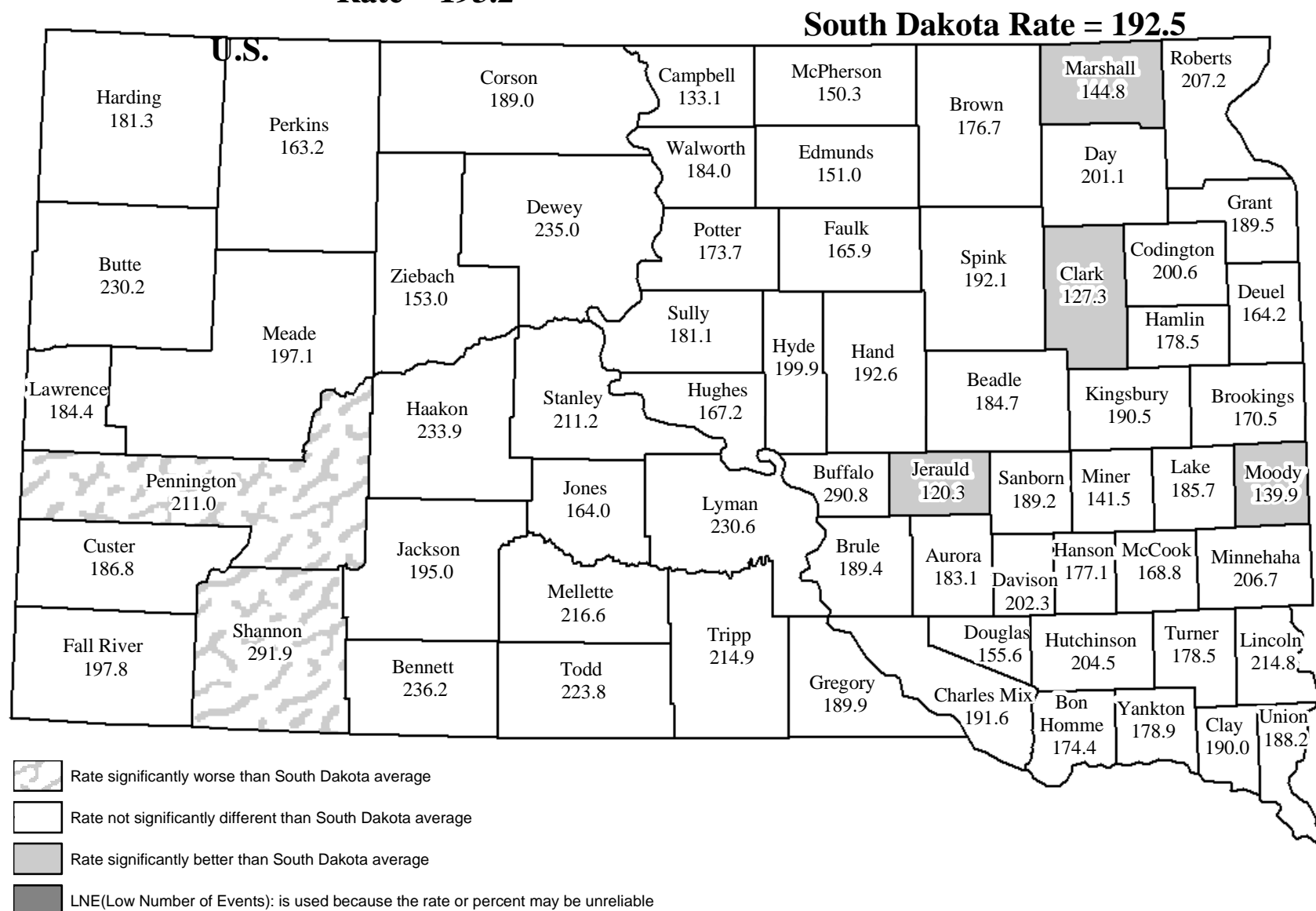


191

Map 12

Death Rate Due To All Malignant Neoplasms (Cancer) By County, 1999-2003

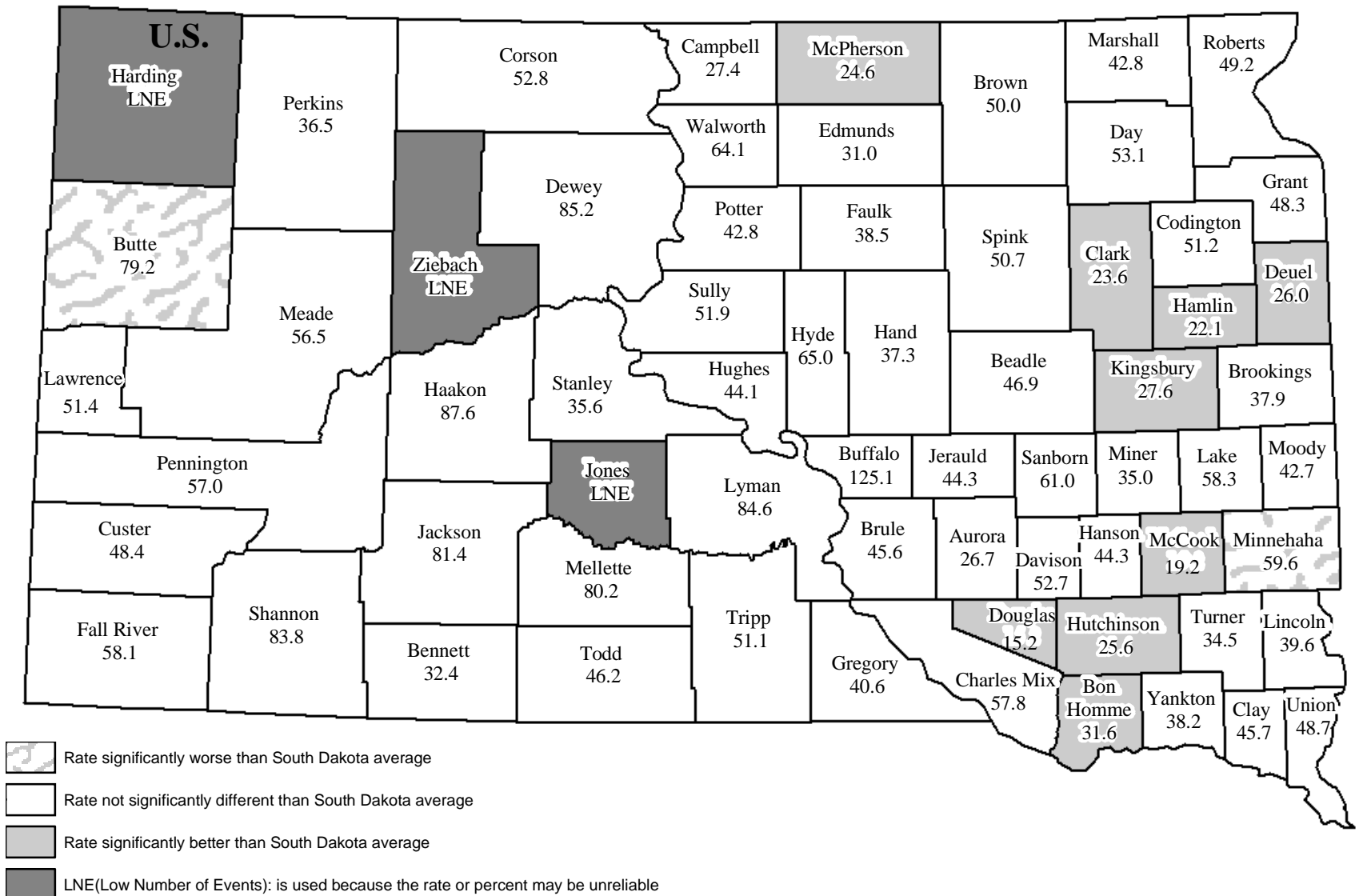
Rate = 193.2



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Cancer is defined as ICD-10 codes C00-C97.

See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 13 **Death Rate Due To Trachea, Bronchus & Lung Cancer By County, 1999-2003** **Rate = 54.7** **South Dakota Rate = 49.4**

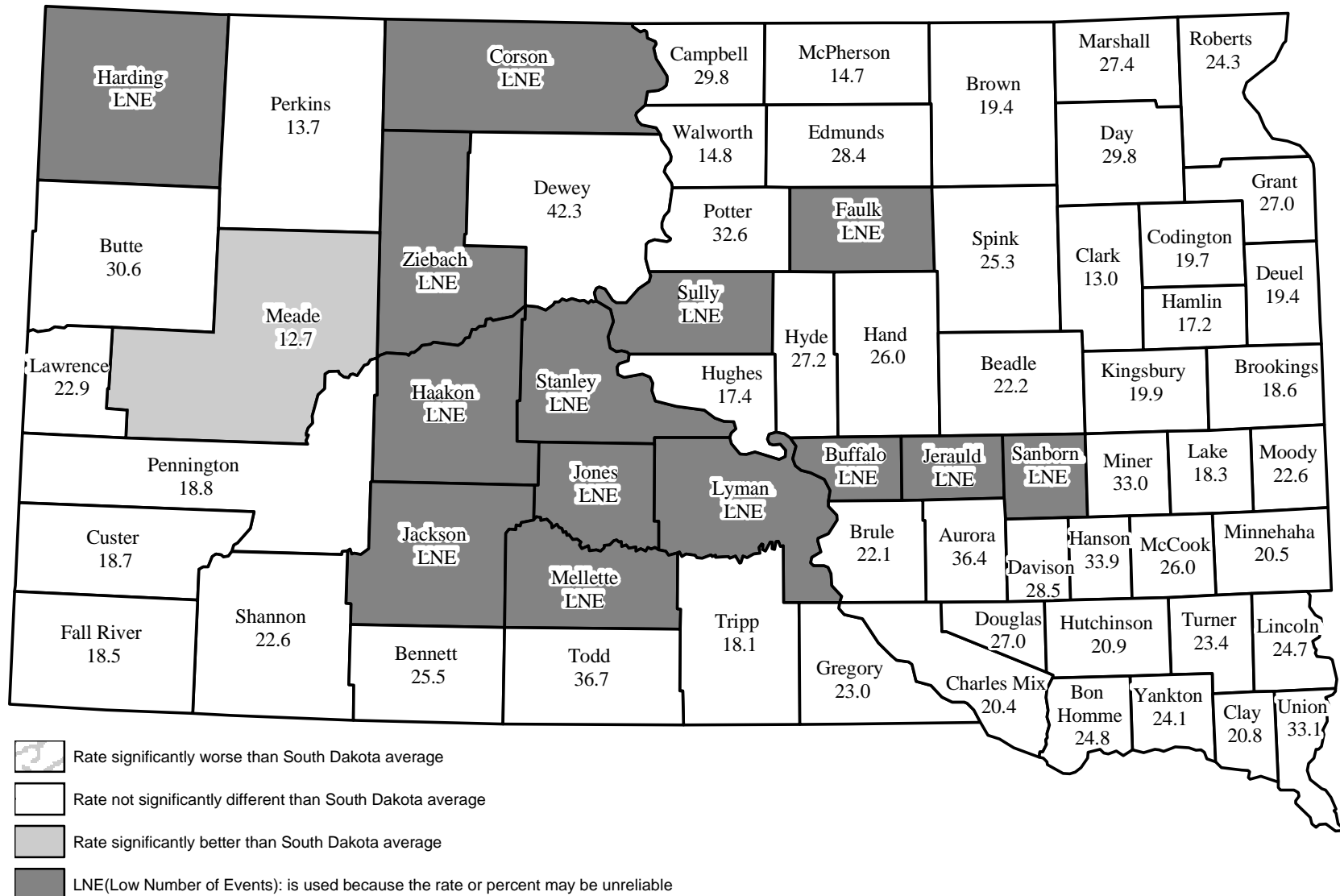


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Lung cancer is defined as ICD-10 codes C33-C34. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 14

Death Rate Due To Colorectal Cancer By County, 1999-2003

Rate = 19.7 South Dakota Rate = 21.4

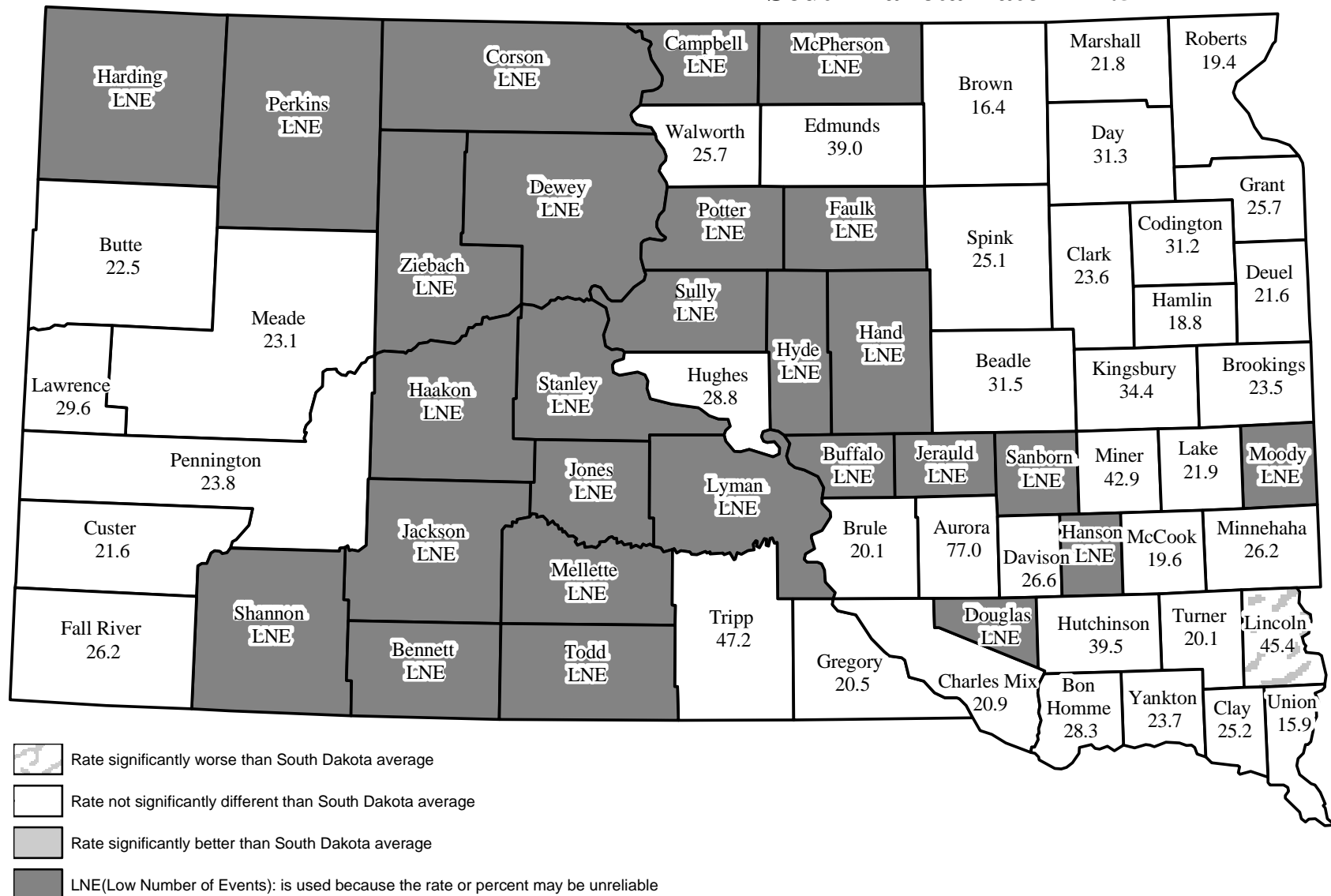


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Colorectal cancer is defined as ICD-10 codes C18-C21. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 15

Death Rate Due To Female Breast Cancer By County, 1999-2003

South Dakota Rate = 24.5

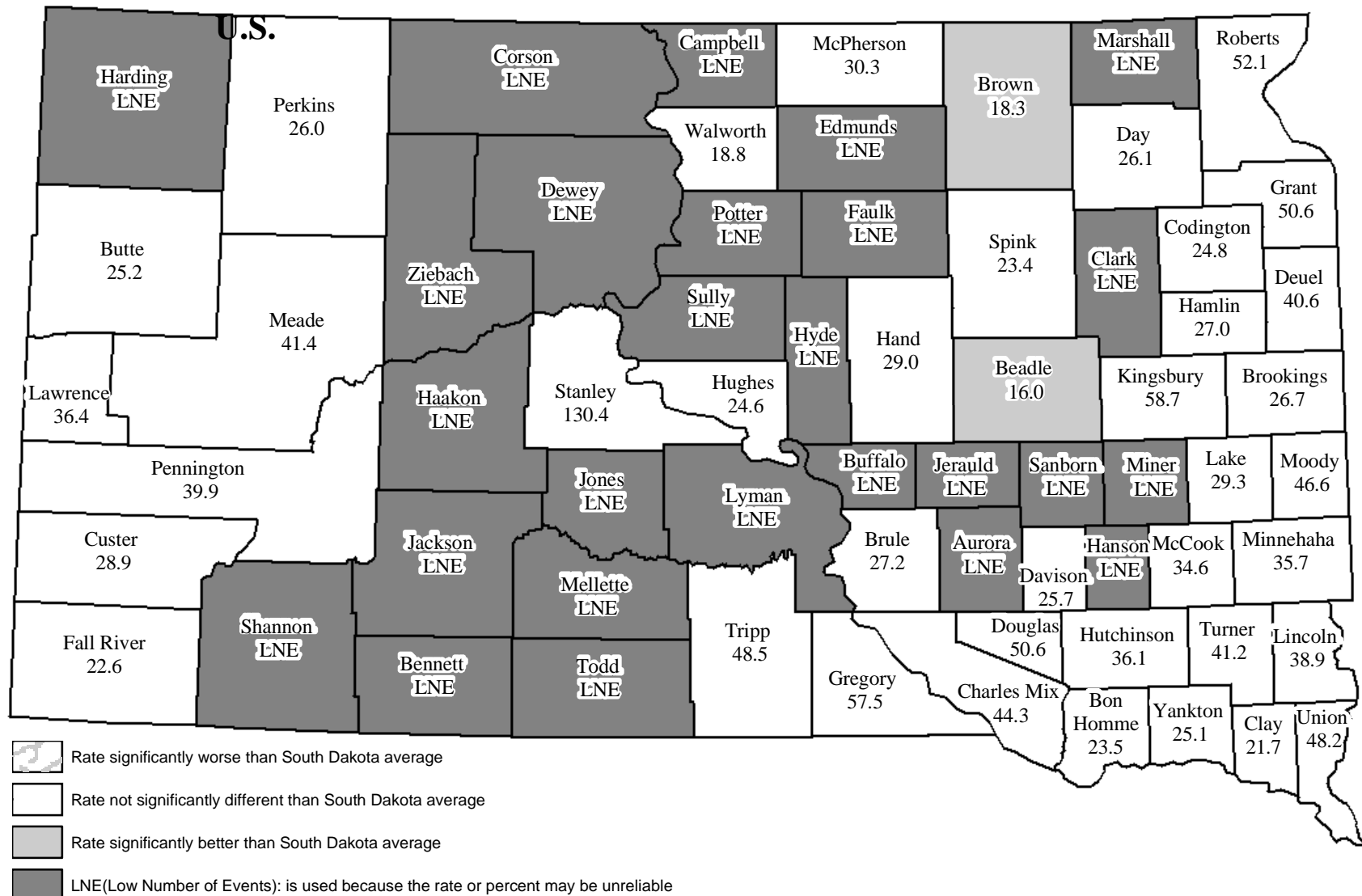


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Female breast cancer is defined as ICD-10 code C50. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 16

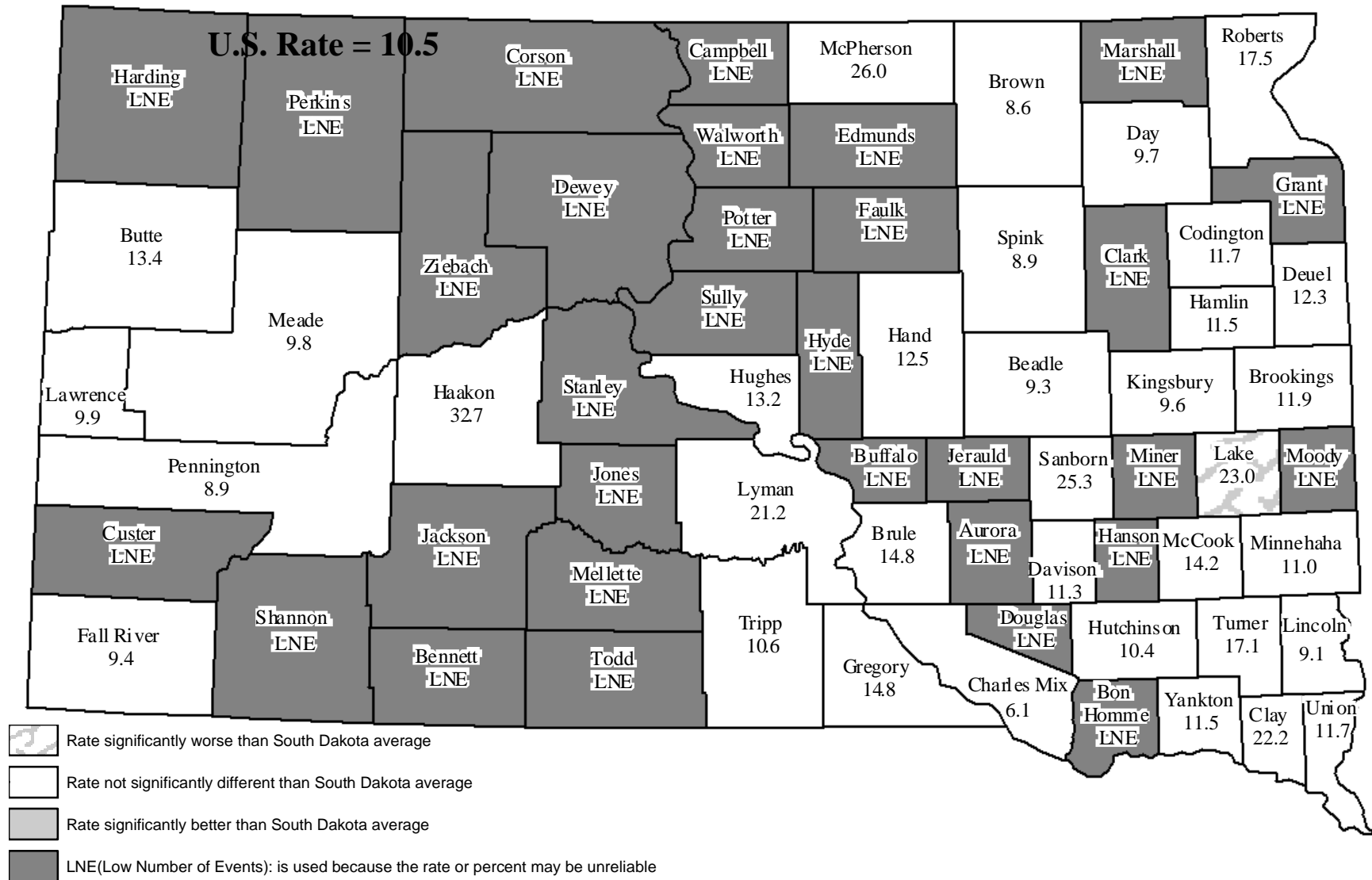
Death Rate Due To Prostate Cancer By County, 1999-2003

Rate = 21.5 South Dakota Rate = 32.0



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Prostate cancer is defined as ICD-10 code C61. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 17 **Death Rate Due To Pancreatic Cancer By County, 1999-2003** **South Dakota Rate = 11.0**

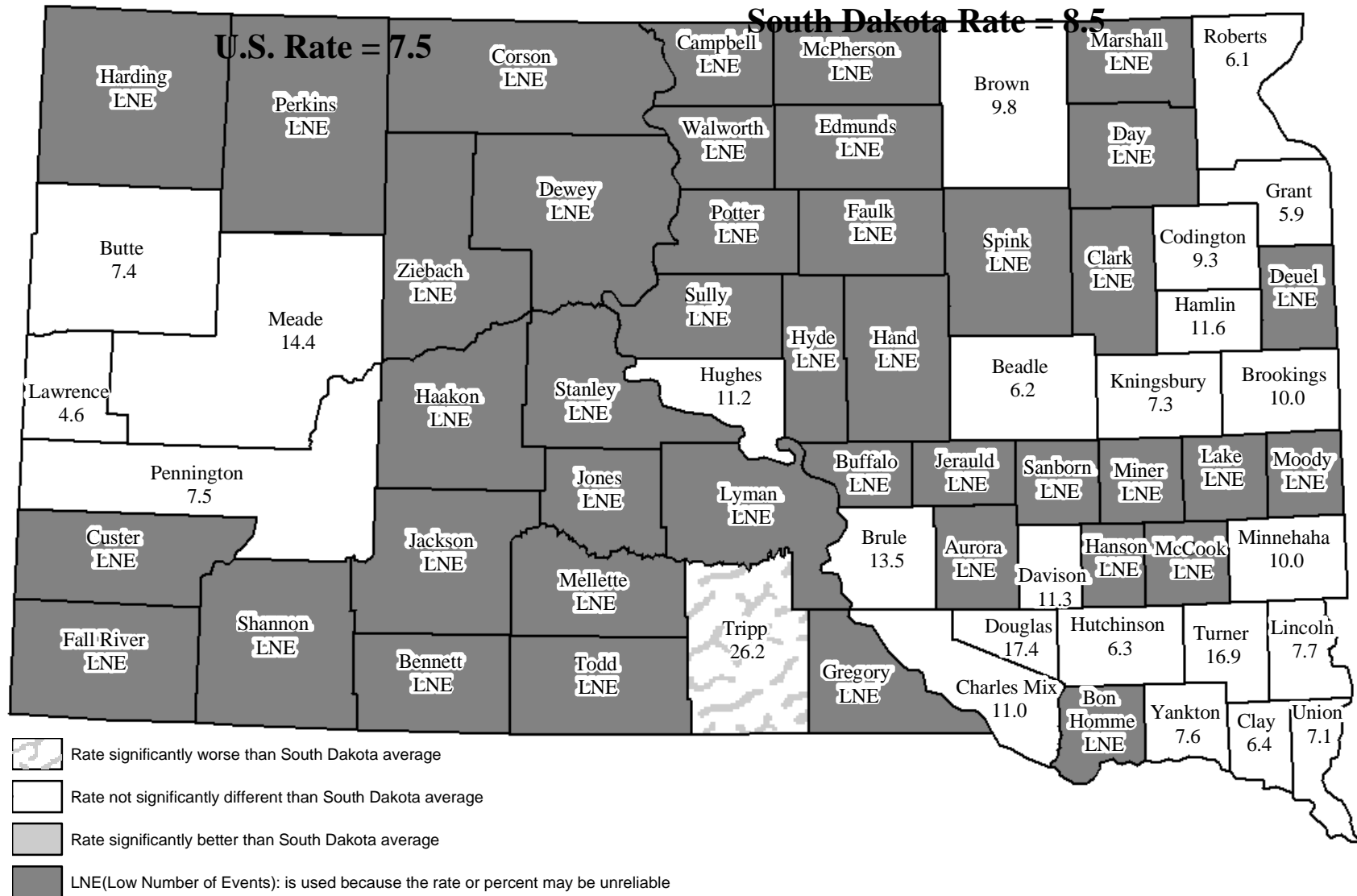


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Pancreatic cancer is defined as ICD-10 code C25.

See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 18

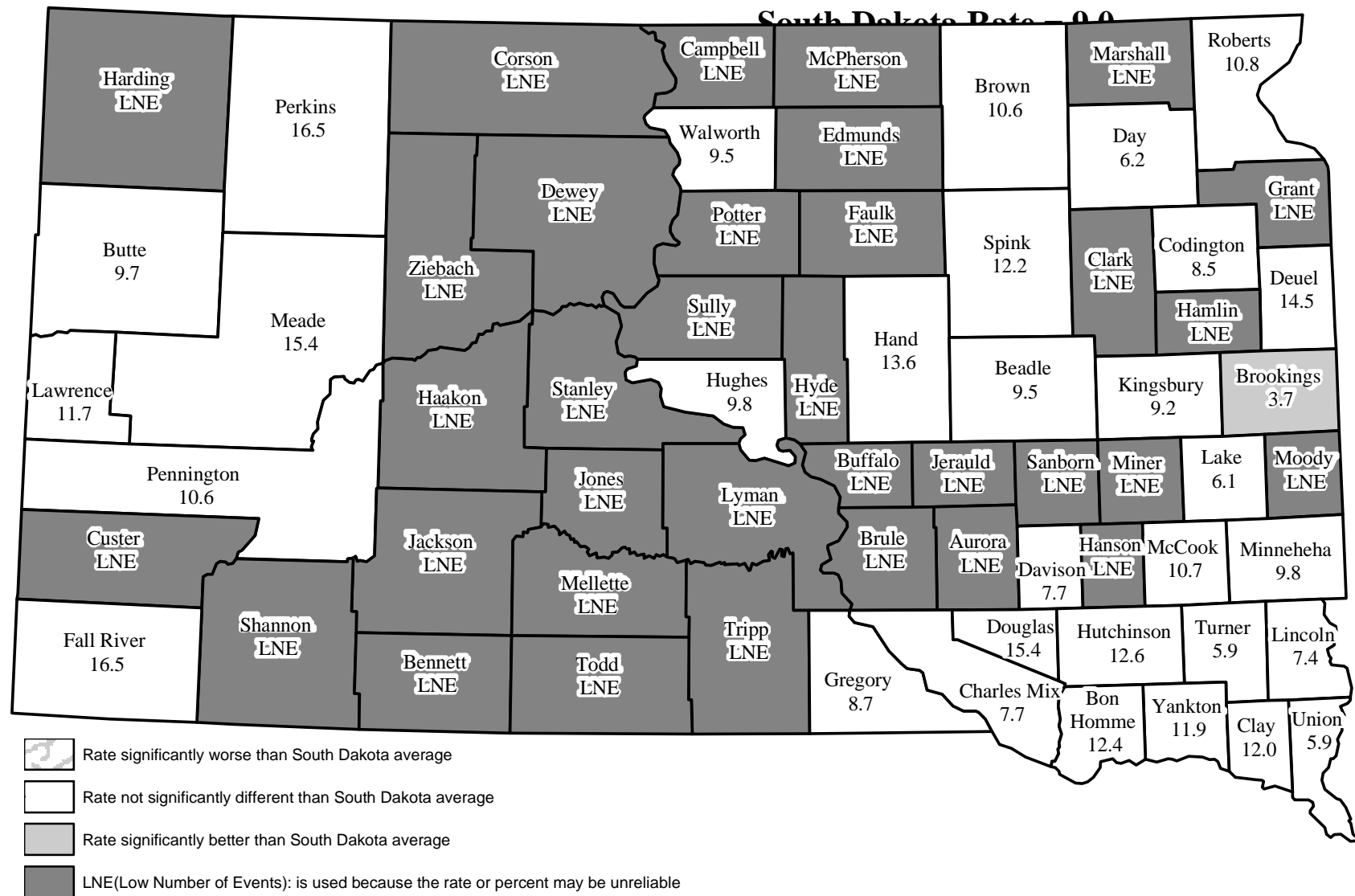
Death Rate Due To Leukemia Cancer By County, 1999-2003



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Leukemia is defined as ICD-10 codes C91-C95. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 19

Death Rate Due To Non-Hodgkin's Lymphoma Cancer By County, 1999-2003

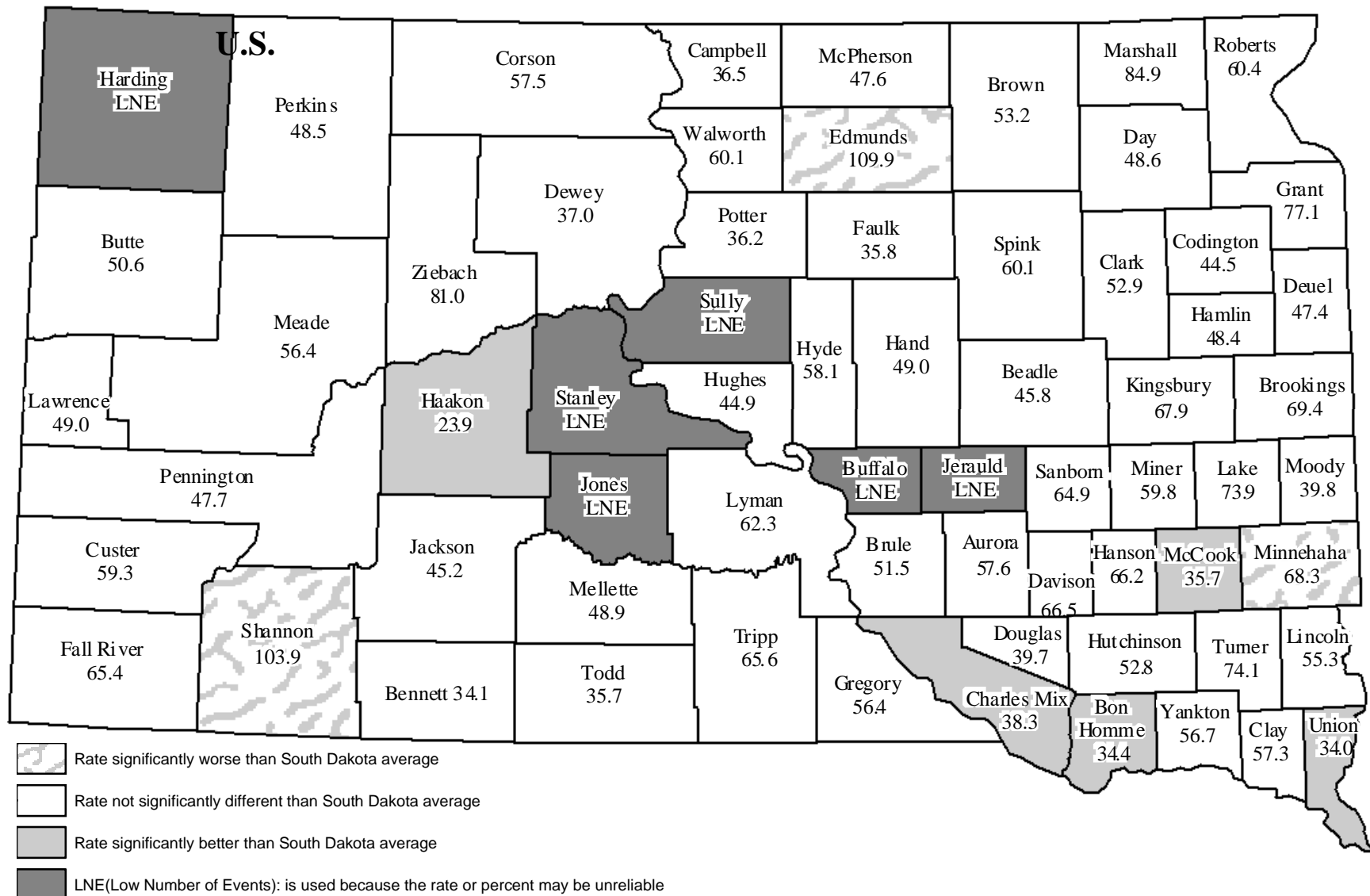


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Non-Hodgkin's Lymphoma cancer is defined as ICD-10 codes C82-C85. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 20

Death Rate Due To Cerebrovascular Disease By County, 1999-2003

Rate = 56.4 South Dakota Rate = 56.3

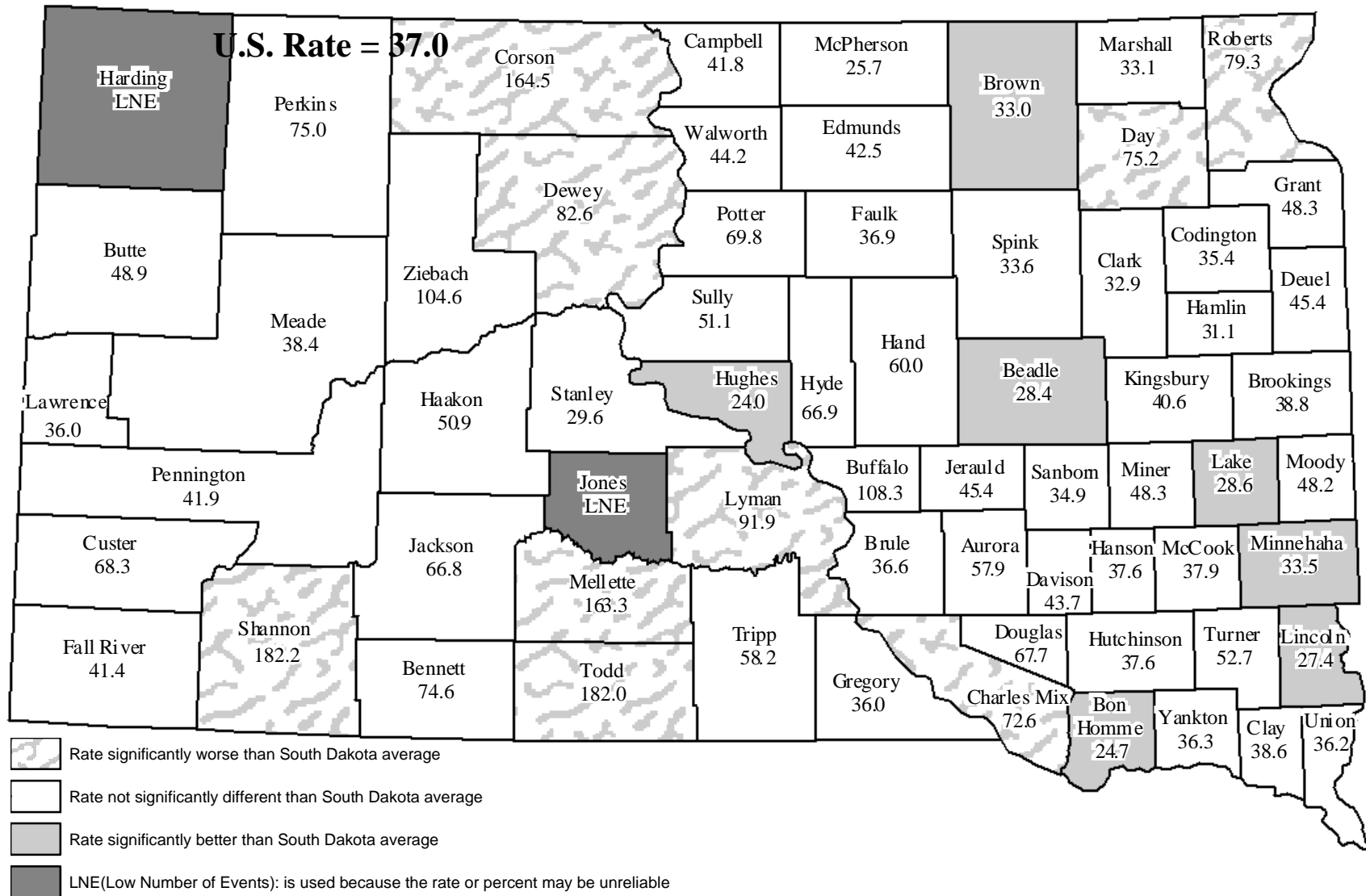


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Cerebrovascular disease is defined as ICD-10 codes I60-I69. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 21

Death Rate Due To Accidents By County, 1999-2003

South Dakota Rate = 44.6

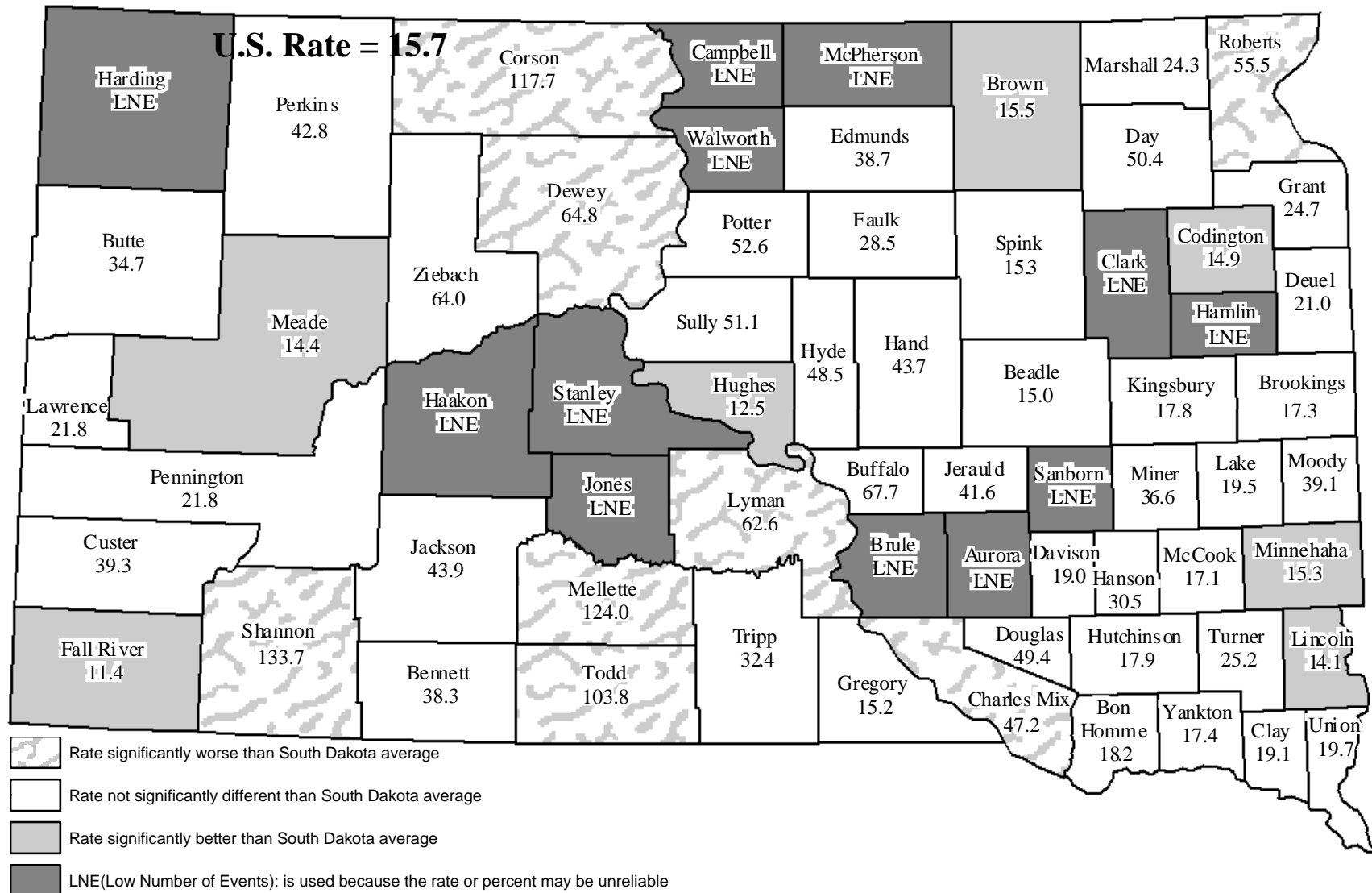


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Accidents are defined as ICD-10 codes V01-X59, Y85-Y86. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 22

Death Rate Due To Motor Vehicle Accidents By County, 1999-2003

South Dakota Rate = 24.4

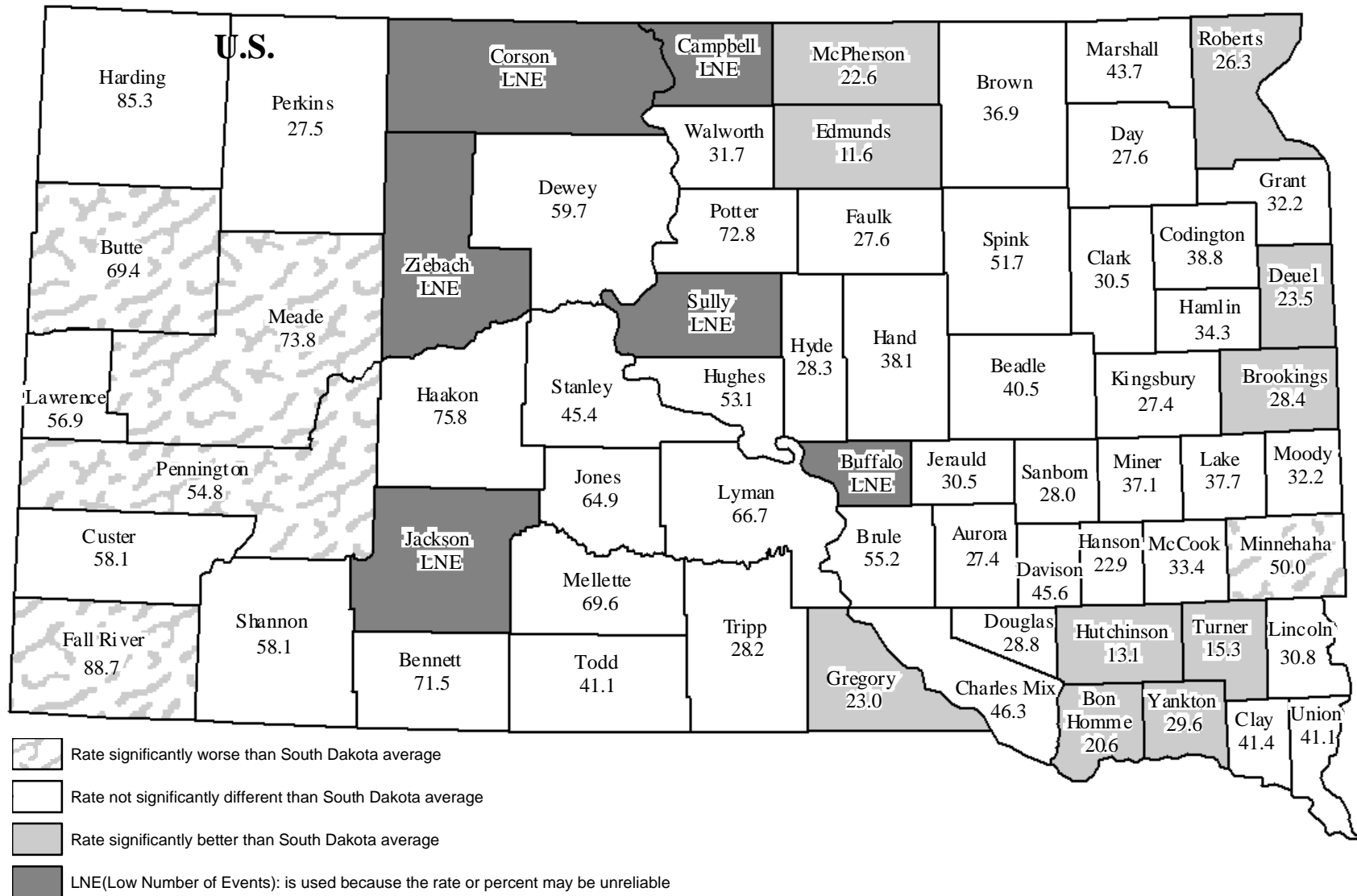


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Motor Vehicle Accidents are defined as ICD-10 codes (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2). See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 23

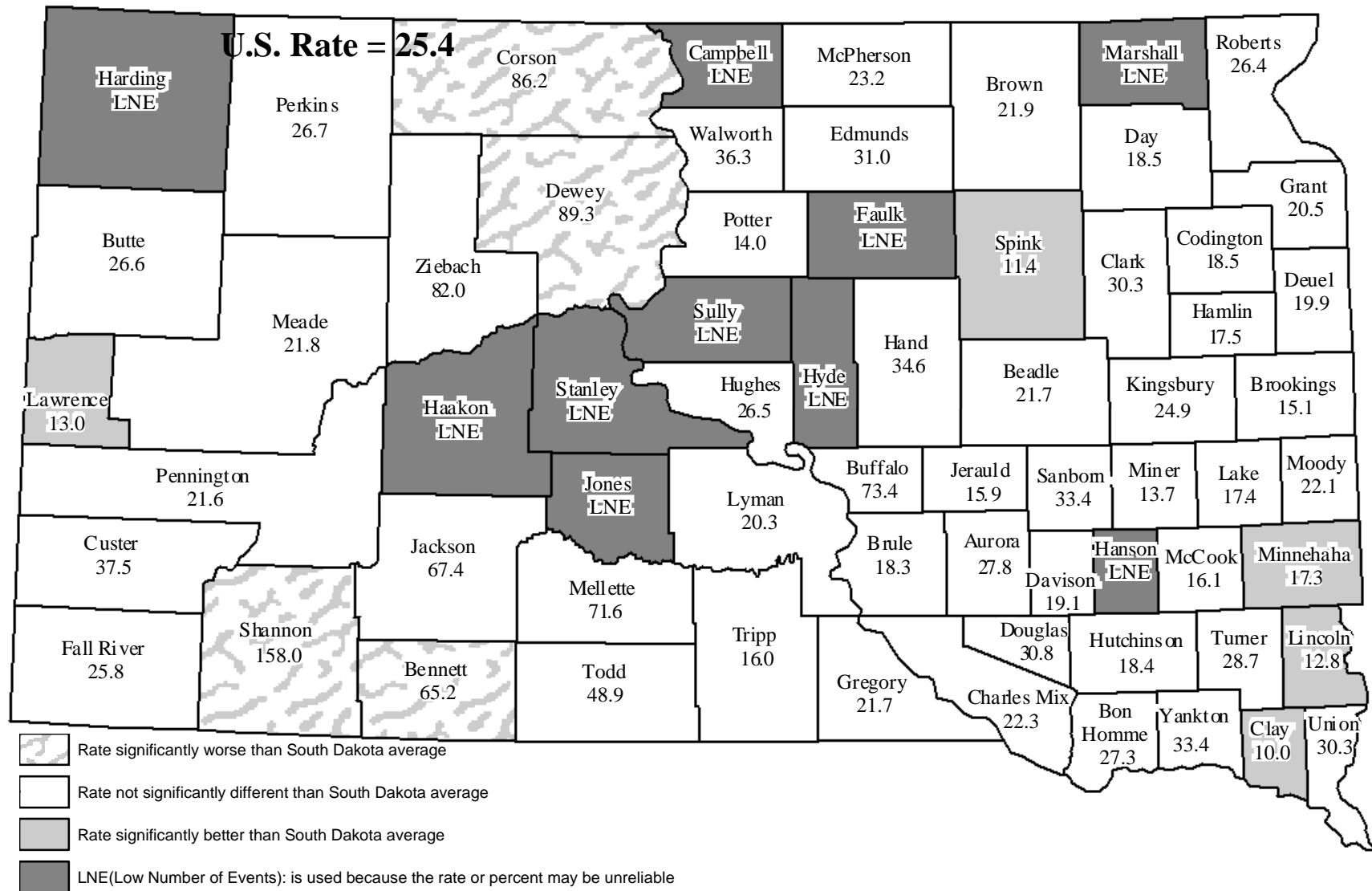
Death Rate Due To Chronic Lower Respiratory Diseases By County, 1999-2003

Rate = 43.3 South Dakota Rate = 42.4



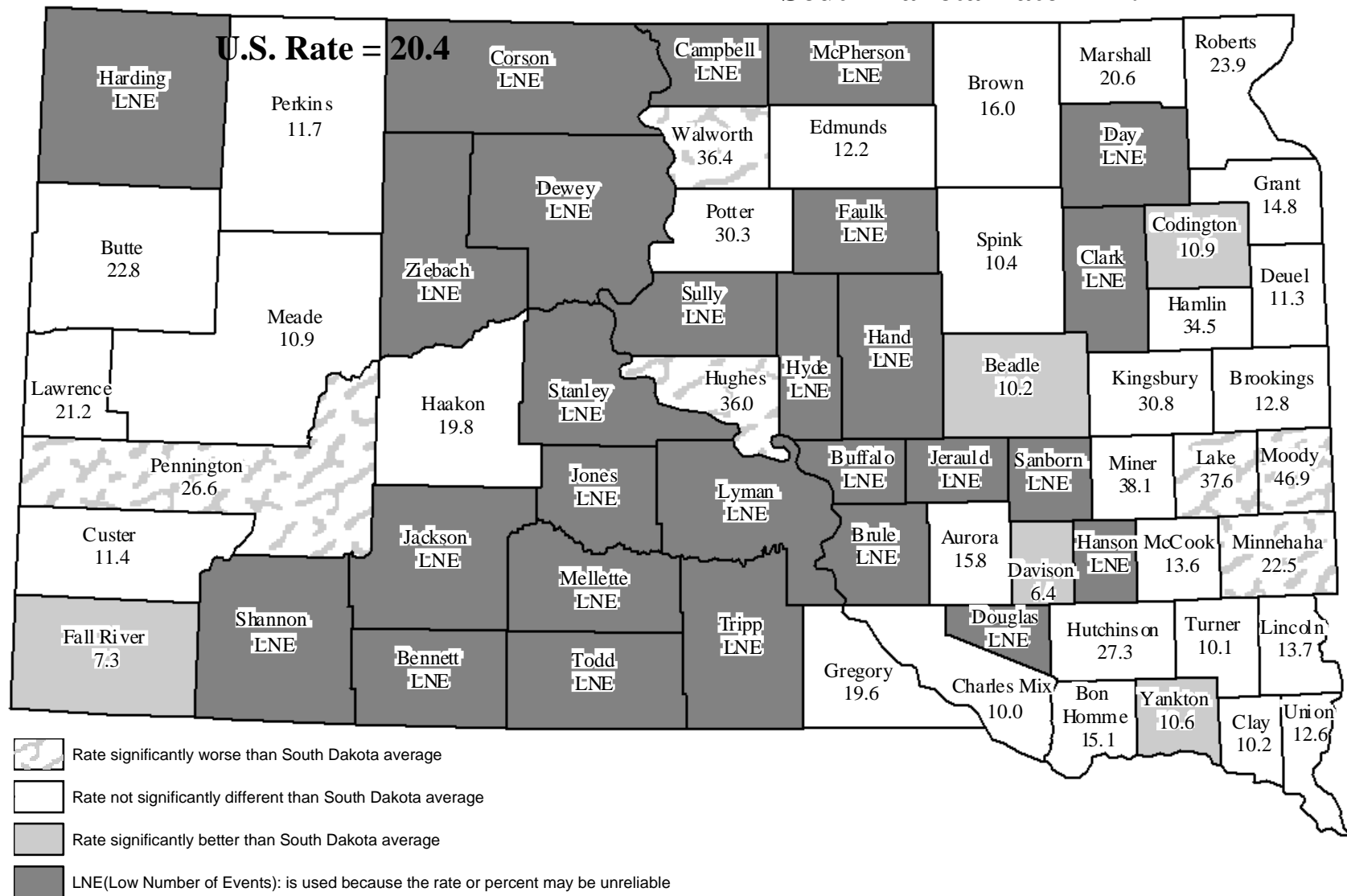
Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Chronic Lower Respiratory disease is defined as ICD-10 codes J40-J47. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 25 **Death Rate Due To Diabetes Mellitus By County, 1999-2003** **South Dakota Rate = 22.9**



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Diabetes Mellitus is defined as ICD-10 codes E10-E14. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 26 **Death Rate Due To Alzheimer's Disease By County, 1999-2003** **South Dakota Rate = 17.4**

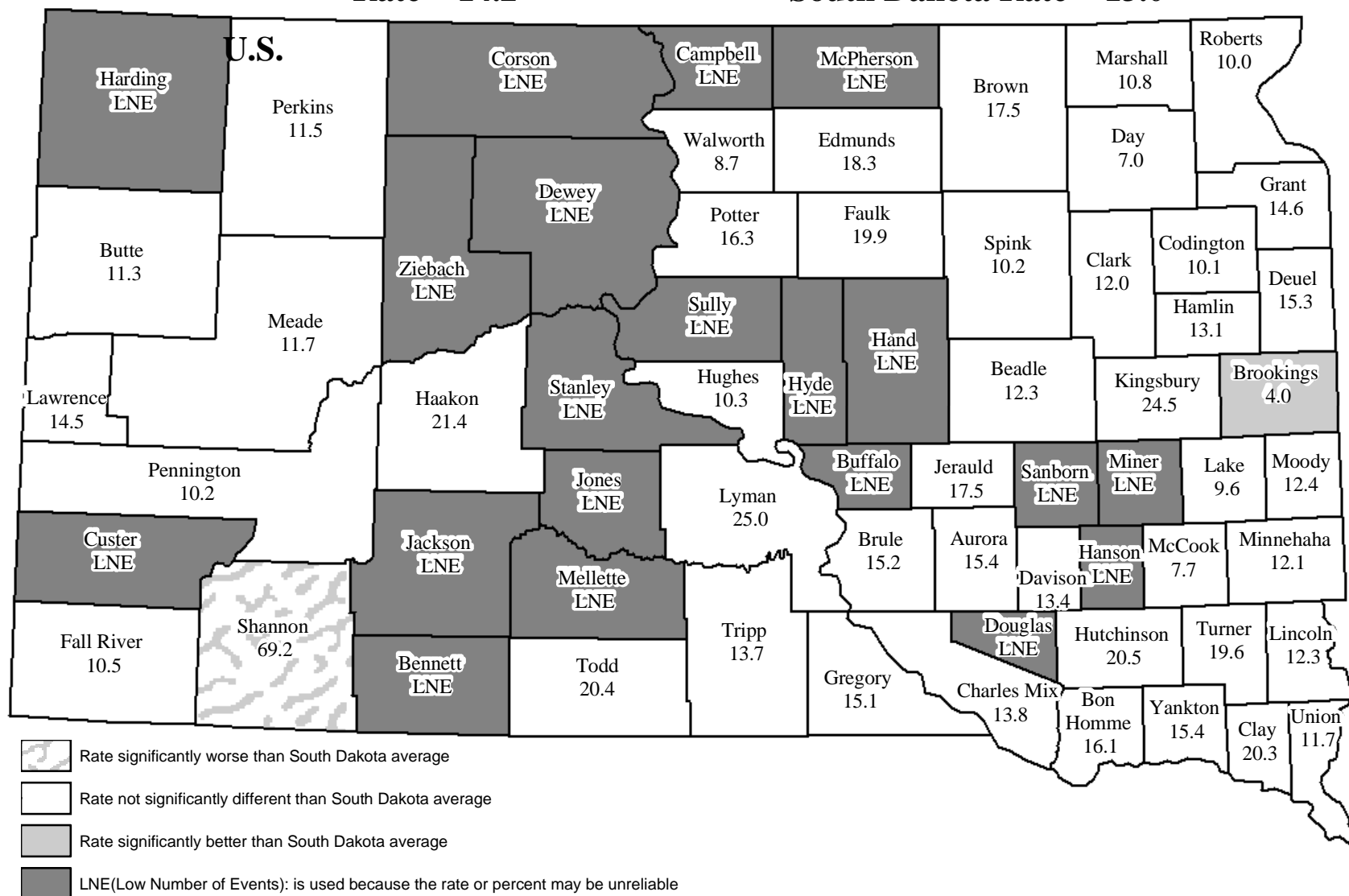


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Alzheimer's Disease is defined as ICD-10 code G30.
 See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 27

Death Rate Due To Nephritis, Nephrotic Syndrome, and Nephrosis By County, 1999-2003

Rate = 14.2 South Dakota Rate = 13.0

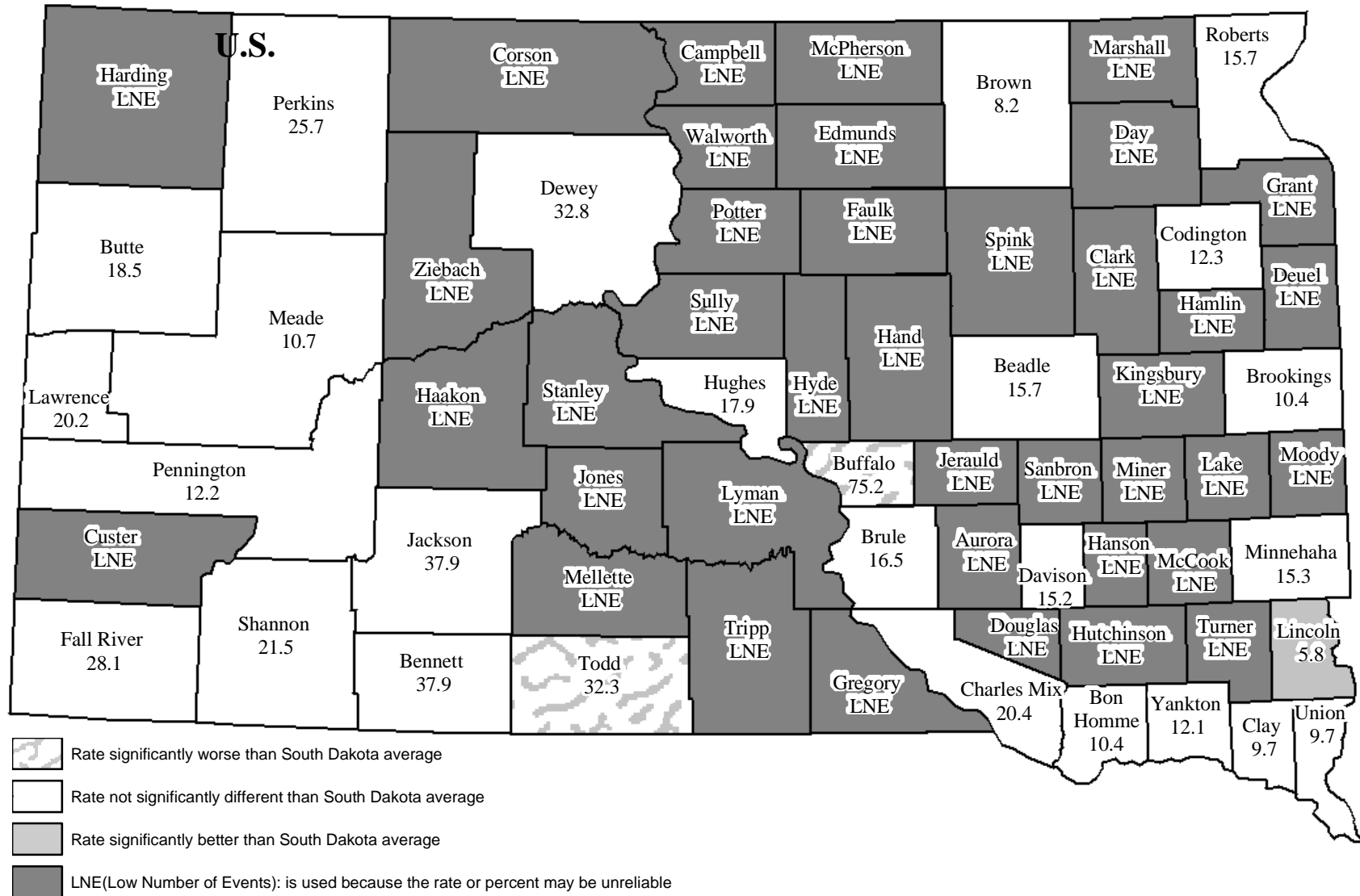


Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Nephritis, Nephrotic Syndrome, and Nephrosis is defined as ICD-10 codes N00-N07, N17-N19, N25-N27. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 28

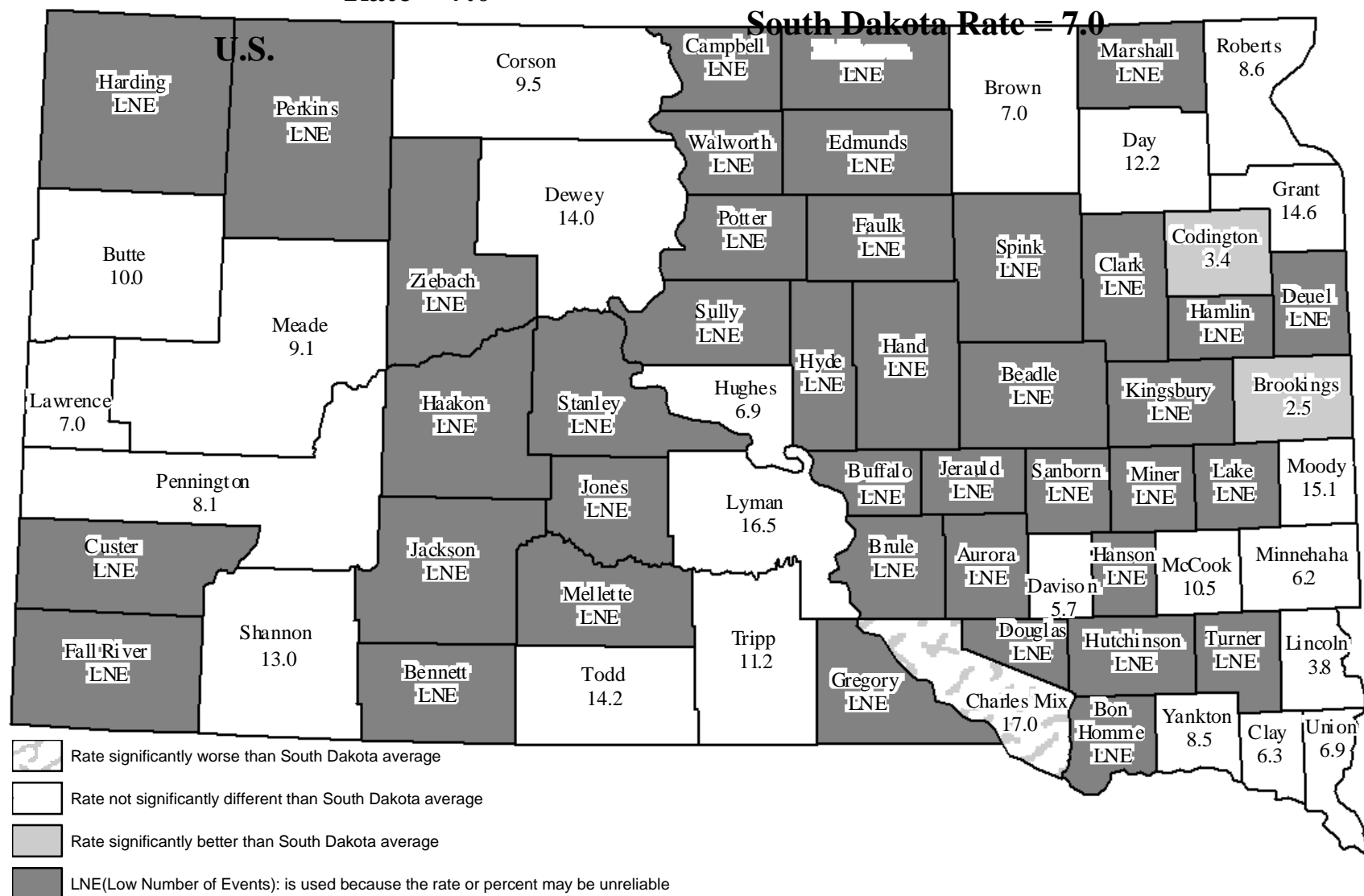
Death Rate Due To Intentional Self-Harm (Suicide) By County, 1999-2003

Rate = 11.0 South Dakota Rate = 13.4



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. The death rate is age-adjusted per 100,000 people to the standard million population. This eliminates age differences between populations, making them easier to compare. Intentional Self-Harm (Suicide) is defined as ICD-10 codes X60-X84, Y87. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Map 29 **Rate Of Infant Mortality By County, 1999-2003** **Rate = 7.0**



Note: "Significantly" refers to statistical significance at the 0.05 level. Although a county's actual rate may be higher or lower than the state rate, the difference may not be statistically significant due to the small number of people in the county. Infant mortality is calculated as the number of deaths to babies (less than 1 year old) per 1,000 live births. See Technical Notes for more complete explanations. Source: South Dakota Department of Health

Technical Notes



Technical Notes for Vital Statistics

A. SOURCES OF DATA

Vital Events

Birth and death certificates, reports of fetal deaths, and induced abortion reports were the source documents for data on vital events of South Dakota during the 2003 calendar year. Marriage and divorce data were compiled from transcripts that were received from each county.

The cut-off date for 2003 data in this report was May 31, 2004. Any data pertaining to a 2003 event for which a certificate was filed after May 31, 2003, were not included in this report. Because the number of records received after that date is so small, in most instances, it is of little significance for the purpose of analysis.

Events relating to South Dakota residents that occurred in another state were included in this report. The inclusion of these data is made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Birth and fetal death records are the responsibility of the person in attendance; however, the records are usually completed by medical records personnel who are not necessarily present at the delivery. Death records are the responsibility of the funeral director. The medical certification of the cause of death is completed by a physician or coroner.

United States data were obtained from publications produced by the Department of Health and Human Services, Public

Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

Populations/Rates

The populations used to develop the South Dakota rates presented are as follows. The rates from 2000 through 2003 are based on the 2000 South Dakota census data. The rates from 1990 through 1999 are based on the 1990 South Dakota census data. The rates for the remainder of the years are based on South Dakota population estimates for the current year or the next previous year depending on the availability of the population estimates at the time of publishing. The rates for 1980 are based on the corresponding South Dakota census data.

The standard error (SE) of a rate is used in health statistics when studying or comparing rates. The SE defines a rate's variability and can be used to calculate a confidence interval (CI) to determine the actual variance of a rate 95 percent of the time. Rates for two different populations are considered to be significantly different when their confidence intervals do not overlap.

The standard error and confidence intervals are calculated in the following manner. For example, County A's low birth weight rate is 5.3 percent. This was based on 122 low birth weight births from 1999 through 2003. The square root of 122 is roughly 11.0. By dividing the rate of 5.3 by 11.0, the estimated SE of approximately 0.48 is the result. The estimated SE can then be used to compute a 95 percent CI for the rate. The

standard formula for determining the 95 percent CI of a rate is:

$$\text{RATE} \pm (1.96 * \text{SE})$$

Following this formula, we produce an equation of $5.3 \pm (1.96 * 0.48)$ and the result is 5.3 ± 0.9 . From this the estimated 95 percent CI is from 4.4 to 6.2 percent. It could then be stated, with 95 percent certainty, that the actual 1999-2003 low birth weight rate for County A is between 4.4 and 6.2 percent.

Therefore, County A's low birth weight rate would not be considered significantly different from the state rate. This is because the confidence intervals for County A (4.4-6.2) and the state (5.2-5.6) overlap. Conversely, County B's low birth weight rate is considered significantly different from the state rate because their respective confidence intervals (5.8-6.9) and (5.2-5.6) do not overlap.

All national rates for the United States were taken from the publications produced by the Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, Maryland.

B. DATA LIMITATIONS

Quality

The quality of data presented in this report is directly related to the completeness and accuracy of the information contained on the certificates.

Medical Certification

Causes of death on death certificates are

coded according to the tenth revision of the *International Classification of Disease* (ICD-10). This classification as adopted by the World Health Organization in 1999 is used throughout the world for selecting the underlying cause of death and classifying the cause.

Race

The race reported on the vital records reflects the opinion of the informant and does not follow any prescribed rules for the reporting of race. This report shows tabulations for white, American Indian, and other. Persons classified as other are few in South Dakota and tabulations reflecting these events are not statistically significant.

Birth data were tabulated using the race of the mother. No attempt is made to determine the race of the child from the race shown for the father and the mother.

Beginning in 2003, the South Dakota Department of Health began collecting multiple race data on the birth certificate for the mother and the father. While this detail is valuable, it does not lend itself to consistency with regard to previous years of race data. Therefore, in order to calculate comparable race data, we allocated the multiple race responses into one race. We did this using the following five steps. As soon as one of these conditions was met the process stopped.

1. Any multiple race category that contained American Indian was assigned to American Indian.
2. Any multiple race category that contained Black was assigned to Black.

3. Any multiple race category that contained Asian was assigned to Asian.
4. Any multiple race category that contained Hawaiian was assigned to Hawaiian.
5. Any multiple race category that contained races other than first four listed was assigned to "Other Races".

Therefore, after using this allocation process, the only persons that were allocated as white were those that had only white listed as their race.

Health Status Indicators

All rates are subject to variation, and this variation is inversely related to the number of events used to calculate the rate. The smaller the number of events, the higher the variability. Rates based on a small number of events over a specified time period or for small populations vary considerably and should be viewed with caution. South Dakota contains many counties with sparse or small populations. Therefore, when calculating health status indicators for these sparsely populated counties, there will always be the possibility that the rate is just a chance variation. For instance, in a five-year period a county with a small population could have annual infant mortality rates of 0, 0, 0, 0, and 25. While rates for 4 of the years are 0, the fourth year rate of 25 approaches that of third-world countries and, taken alone, is probably not a true indicator of the county's health status.

To attempt to minimize chance variation we use five-year averages. Thus, in the example above the infant mortality rate would have been approximately five for the five-year period, which is probably a more accurate depiction of the county's

health status. Despite these precautions, the most sparsely populated counties using five-year averages will still not reduce chance variation significantly for some of the indicators due to the small number of events.

Health Care Resources

Full-time equivalents (FTE) for primary care physicians and mid-level health care providers (physician assistants, nurse practitioners, and certified nurse midwives) were determined by the Office of Rural Health Providers Survey. The original survey was conducted during the spring and early summer of 1996 and the data have been updated as necessary since that time.

C. GEOGRAPHIC ALLOCATION

In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual state and county in which the birth or death took place. The second, and more customary way is by place of residence, i.e., the state or county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn.

Fetal deaths and infant deaths, in cases where the child was never discharged from the hospital, are classified to the residence of the mother.

Occurrence statistics have administrative value and statistical significance, especially when calculating accident statistics. Residence statistics are useful in determining health indices for planning and evaluation purposes. The statistics provided in this report are residence data unless otherwise stated.

Allocation of vital events by place of residence is sometimes difficult, because classification depends entirely on the statement of the usual place of residence furnished by the informant at the time the original certificate is completed. For various reasons, this statement may be incorrect or incomplete. For example, mailing addresses very often differ from the actual geographic residence.

D. **DEFINITIONS**

Age-Adjusted Death Rate (Direct Method) - Age-specific death rates for a selected population are applied to a standard population in order to calculate what rate would be expected if the selected population had the same age distribution as the standard. The total of expected deaths divided by the total of the standard population and multiplied 100,000 yields the age-adjusted death rate per 100,000. (It is important to use the same standard population in the computation of each age-adjusted rate to achieve comparability. Age-adjusted death rates should never be compared with any other types of death rate or be used as absolute measurements of mortality.)

Age-Adjusted Death Rate - Absolute counts of deaths or crude death rates do not readily lend themselves to analysis and comparison between years and various geographic areas. For example, the older a population, the more people die. Statistically, South Dakota has a high percentage of elderly, therefore, if crude rates of death, based on population, in South Dakota were compared with those of the United States, it would appear that South Dakota had a high rate of mortality. The comparison would be misleading.

Consequently, a mortality rate which has been adjusted for age has been devised to allow more refined measurement with which to compare deaths over geographic areas or time periods. This is referred to as an age-adjusted death rate.

Age-Specific Birth Rate - Number of live births to women in a specific age group per 1,000 female population in that age group.

Age-Specific Death Rate - Number of deaths in a specific age group per 100,000 population in that age group.

Birth Weight - The first weight of the fetus or newborn obtained after birth. This weight should be measured, preferably, within the first hour of delivery before significant postnatal weight loss has occurred. Low birth weight babies are those born alive who weigh less than 2,500 grams (about 5 pounds 9 ounces).

Cause Specific Death Rate - The number of resident deaths due to a specific cause divided by the total resident population X 100,000.

Cancer - Malignant neoplasms, including neoplasms of lymphatic and hematopoietic tissues.

Crude Birth Rate - The number of resident live births divided by the total resident population X 1,000.

Crude Death Rate - The number of resident deaths divided by the total resident population X 100,000.

Federally Qualified Health Centers -

Provide comprehensive primary care to anyone, regardless of ability to pay. Those whose income is twice the poverty level and are not insured, either privately or through government programs, receive care on a sliding fee scale.

Fetal Death - Death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such expulsion or extraction, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. (South Dakota requires the reporting of any fetus weighing over 500 grams).

Fetal Death Rate - The number of fetal deaths divided by the total number of live births and fetal deaths X 1,000.

Health Alliance Counties - Community health services in participating counties are delivered through a partnership involving local county governments, local health care providers and the South Dakota Department of Health. Instead of the Department of Health delivering community health services, the department contracts with private health care providers to deliver the same services. The goal is to support local health care systems while making the most efficient use of the department resources. Each Alliance contract also forms a Community Health Council to advise local health care providers on community health services.

Induced Abortion - The use of any means to intentionally terminate the pregnancy of a female known to be pregnant with knowledge that the termination with those means will, with reasonable likelihood, cause the death of the fetus.

Infant Death - Death of a live born infant less than one year (365 days) of age. Infant deaths equal the sum of neonatal plus postneonatal deaths.

Infant Mortality Rate - The number of infant deaths divided by the total number of live births X 1,000.

Live Birth - The complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy, which, after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.

Low Birth Weight - A birth weight under 2,500 grams or 5 pounds, 9 ounces.

Mean - The arithmetic average of a set of values or the sum of all the values divided by the number of values in the group.

Median - The value or number that divides a population into two equal halves. The value that falls exactly in the middle of the entire range of values ranked in order from low to high such that 50 percent of the values fall above it and 50 percent fall below it. If the

number of values is even, a value halfway between the two values nearest the middle is used.

Mode - The most frequently occurring value in a distribution.

Neonatal Mortality Rate - (Neonatal Death = Death occurring to infants from birth through 27 days old). The number of neonatal deaths divided by the total number of live births X 1,000.

Neonatal Period – The period of infancy from the first through the 27th day of life.

Place of Occurrence and Residence – In South Dakota, registration of vital events is classified geographically in two ways. The first way is by place of occurrence, i.e., the actual county in which the event took place. The second, and more customary way, is by place of residence, i.e., the county stated to be the usual residence of the decedent in the case of deaths or of the mother in the case of a newborn. Births and deaths relating to South Dakota residents which occurred in another state are included in this report. The inclusion of these data are made possible by an agreement among all registration areas in the United States for resident exchange of copies of certificates.

Population Under 100% of Poverty – Those people living under the poverty level as defined by the federal government. In 2003, the poverty level for a family of four was \$18,810. Because poverty levels are not computed for all persons living in a given geographical area (e.g. those confined to a correctional institution),

the percent of the population under 100 percent of poverty was not computed by dividing the number below poverty by the total population. Instead, the denominator was the total population for which poverty status was determined.

Population Under 200% of Poverty – Those people living under two times the poverty level as defined by the federal government. Because poverty levels are not computed for all persons living in a given geographical area (e.g. those confined to a correctional institution), the percent of the population under 200 percent of poverty was not computed by dividing the number below poverty by the total population. Instead, the denominator was the total population for which poverty status was determined.

Postneonatal Mortality Rate - (Postneonatal Death = Death occurring to infants 28 days to 1 year of age). The number of postneonatal deaths divided by the total number of live births X 1,000.

Postneonatal Period – The period of infancy from 28 days to less than one year old.

Primary Care – Primary care physicians are those specializing in family practice, general internal medicine, general pediatrics, and obstetrics/gynecology, as well as general practitioners. Primary care mid-level practitioners are those mid-level health care providers supervised by a primary care physician.

Rural Health Clinics – Receive increased Medicare and Medicaid reimbursement to help ensure the provision of primary care services to rural and underserved areas.

Significance – Most of the health status indicators in South Dakota's counties are not significantly different from the state's averages. This means that although a county's calculated rate may be higher or lower than the state average, the small number of events in the county makes the rate vary considerably from year to year. For example, if in 1999, County A had 100 babies born and none died, the infant mortality rate would be 0.0. But if in 2000, County A had another 100 babies born and one died, the infant mortality rate would be 10.0.

When there is a small number of events and the probability of such an event is small, a mathematical formula is used to calculate whether or not the difference in rates is statistically significant or due more to chance.

Years of Potential Life Lost before Age 75 - Based only on deaths before the age of 75. For example, if someone dies at 35 years of age, that is calculated as 40 years of potential life lost. Conversely, if someone dies at 75 years or older, that is calculated as zero years of potential life lost.

Age-Adjusted Years of Potential Life Lost (YPLL) - Age-adjusted rates for years of potential life lost (YPLL) before age 75 years use the year 2000 standard population and are based on eight age groups (< 1 year, 1-4, 5-14, and 10-year age groups through 65-74 years).

E. DEFINITIONS OF MEDICAL TERMS - The following definitions are for maternal and infant items reported in checkbox format on the South Dakota Certificate of Live Birth.

These items are also listed on the 1989 revision of the U.S. Standard Certificate of Live Birth. The definitions presented were adapted and abbreviated from a set of definitions compiled by a committee of Federal and State health statistics officials for the Association for Vital Records and Health Statistics (1).

CONGENITAL ANOMALIES:

Anencephalus - Absence of the cerebral hemispheres.

Spina Bifida/Meningocele - Developmental anomaly characterized by defective closure of the bony encasement of the spinal cord, through which the cord and meninges may or may not protrude.

Hydrocephalus - Excessive accumulation of cerebrospinal fluid within the ventricles of the brain with consequent enlargement of the cranium.

Microcephalus - A significantly small head.

Other Central Nervous System Anomalies - Other specified anomalies of the brain, spinal cord, and nervous system.

Heart Malformations - Congenital anomalies of the heart.

Other Circulatory / Respiratory Anomalies - Other specified anomalies of the circulatory and respiratory systems.

Rectal Astresia/Stenosis - Congenital absence, closure, or narrowing of the rectum.

Tracheo - Esophageal Fistula / Esophageal Aresia - An abnormal passage between the trachea and the esophagus; esophageal atresia is the congenital absence or closure of the esophagus.

Omphalocele / Gastroschisis - An omphalocele is a protrusion of variable amounts of abdominal viscera from a midline defect at the base of the umbilicus. In gastroschisis, the abdominal viscera protrude through an abdominal wall defect, usually on the right side of the umbilical cord insertion.

Other Gastrointestinal Anomalies - Other specified congenital anomalies of the gastrointestinal system.

Malformed Genitalia - Congenital anomalies of the reproductive organs.

Renal Agenesis - One or both kidneys are completely absent.

Other Urogenital Anomalies - Other specified congenital anomalies of the organs concerned in the production and excretion of urine, together with organs of reproduction.

Cleft Lip/Palate - Cleft lip is a fissure or elongated opening of the lip; cleft palate is a fissure in the roof of the mouth. These are failures of embryonic development.

Polydactyly / Syndactyly / Adactyly - Polydactyly is the presence of more than five digits on either hands and/or feet; syndactyly is having fused or webbed fingers and/or toes; adactyly is the absence of fingers and/or toes.

Club Foot - Deformities of the foot, which is twisted out of shape or position.

Diaphragmatic Hernia - Herniation of the abdominal contents through the diaphragm into the thoracic cavity usually resulting in respiratory distress.

Other Musculoskeletal / Integumental Anomalies - Other specified congenital anomalies of the muscles, skeleton, or skin.

Down's Syndrome - The most common chromosomal defect with most cases resulting from an extra chromosome (trisomy 21).

Other Chromosomal Anomalies - All other chromosomal aberrations.

MEDICAL HISTORY FACTORS FOR THIS PREGNANCY:

Anemia - Hemoglobin level of less than 10.0 g/dL during pregnancy or a hematocrit of less than 30 during pregnancy.

Cardiac Disease - Disease of the heart.

Acute or Chronic Lung Disease - Disease of the lungs during pregnancy.

Diabetes - Metabolic disorder characterized by excessive discharge of urine and persistent thirst; includes juvenile onset, adult onset, and gestational diabetes during pregnancy.

Genital Herpes - Infection of the skin of the genital area by herpes simplex virus.

Previous Preterm Or Small-For-Gestational-Age Infant - Previous birth of an infant prior to term (before 37 completed weeks of gestation) or of an infant weighing less than the tenth percentile for gestational age using a standard weight-for-age chart.

Renal Disease - Kidney disease.

Blood Group Sensitization - The process or state of becoming sensitized to the Rh factor as when an Rh-negative woman is pregnant with an Rh-positive fetus.

Uterine Bleeding - Any clinically significant bleeding during the pregnancy taking into consideration the stage of pregnancy; any second or third trimester bleeding of the uterus prior to the onset of labor.

COMPLICATIONS OF LABOR AND/OR DELIVERY:

Febrile - A fever greater than 100 degrees F. or 38 C. occurring during labor and/or delivery.

Meconium, Moderate/Heavy - Meconium consists of undigested debris from swallowed amniotic fluid, various products of secretion, excretion, and shedding by the gastrointestinal tract; moderate to heavy amounts of meconium in the amniotic fluid noted during labor and/or delivery.

Premature Rupture of Membranes (more than 12 hours) - Rupture of the membranes at any time during pregnancy and more than 12 hours before the onset of labor.

Abruptio Placenta - Premature separation of a normally implanted placenta from the uterus.

Placenta Previa - Implantation of the placenta over or near the internal opening of the cervix.

Other Excessive Bleeding - The loss of a significant amount of blood from conditions other than abruptio placenta or placenta previa.

Seizures During Labor - Maternal seizures occurring during labor from any cause.

Precipitous Labor (less than 3 hours) - Extremely rapid labor and delivery lasting less than 3 hours.

Prolonged Labor (more than 20 hours) - Abnormally slow progress of labor lasting more than 20 hours.

Dysfunctional Labor - Failure to progress in a normal pattern of labor.

Breech/Malpresentation - At birth, the presentation of the fetal buttocks rather than the head, or other malpresentation.

Cephalopelvic Disproportion - The relationship of the size, presentation, and position of the fetal head to the maternal pelvis which prevents dilation of the cervix and/or descent of the fetal head.

Cord Prolapse - Premature expulsion of the umbilical cord in labor before the fetus is delivered.

Anesthetic Complications - Any complications during labor and/or delivery brought on by an anesthetic agent or agents.

Fetal Distress - Signs indicating fetal hypoxia (deficiency in amount of oxygen reaching fetal tissues).

OBSTETRIC PROCEDURES:

Amniocentesis - Surgical transabdominal perforation of the uterus to obtain amniotic fluid to be used in the detection of genetic disorders, fetal abnormalities, and fetal lung maturity.

Electronic Fetal Monitoring - Monitoring with external devices applied to the maternal abdomen or with internal devices with an electrode attached to the fetal scalp and a catheter through the cervix into the uterus, to detect and record fetal heart tones and uterine contractions.

Induction of Labor - The initiation of uterine contractions before the spontaneous onset of labor by medical and/or surgical means for the purpose of delivery.

Stimulation of Labor - Augmentation of previously established labor by use of oxytocin.

Tocolysis - Use of medication to inhibit preterm uterine contractions to extend the length of pregnancy and, therefore, avoid a preterm birth.

Ultrasound - Visualization of the fetus and the placenta by means of sound waves.

ABNORMAL CONDITIONS OF THE NEWBORN:

Anemia - Hemoglobin level of less than 13.0 g/dL or a hematocrit of less than 39 percent.

Birth Injury - Impairment of the infant's body function or structure due to adverse influences which occurred at birth.

Hyaline Membrane Disease/RDS - A disorder primarily of prematurity, manifested clinically by respiratory distress and pathologically by pulmonary hyaline membranes and incomplete expansion of the lungs at birth.

Meconium Aspiration Syndrome - Aspiration of meconium by the fetus or newborn affecting the lower respiratory system.

Assisted Ventilation (less than 30 minutes) - A mechanical method of assisting respiration for newborns with respiratory failure.

Assisted Ventilation (30 minutes or more) - Newborn placed on assisted ventilation for 30 minutes or longer.

Seizures - A seizure of any etiology.

Appendix



Appendix A

BIRTH WEIGHT IN GRAMS

In order to provide data comparable to that published for the United States and other countries, birth weight is reported in grams for this report. The equivalents of the gram intervals in pounds and ounces are as follows:

499 grams or less	= 1 lb. 1 oz. or less
500 - 999 grams	= 1 lb. 2 ozs. - 2 lbs. 3 ozs.
1,000 - 1,499 grams	= 2 lbs. 4 ozs. - 3 lbs. 4 ozs.
1,500 - 1,999 grams	= 3 lbs. 5 ozs. - 4 lbs. 6 ozs.
2,000 - 2,499 grams	= 4 lbs. 7 ozs. - 5 lbs. 8 ozs.
2,500 - 2,999 grams	= 5 lbs. 9 ozs. - 6 lbs. 9 ozs.
3,000 - 3,499 grams	= 6 lbs. 10 ozs. - 7 lbs. 11 ozs.
3,500 - 3,999 grams	= 7 lbs. 12 ozs. - 8 lbs. 12 ozs.
4,000 - 4,499 grams	= 8 lbs. 13 ozs. - 9 lbs. 14 ozs.
4,500 - 4,999 grams	= 9 lbs. 15 ozs. - 11 lbs. 0 ozs.
5,000 grams or more	= 11 lbs. 1 oz. or more

RATES

Absolute counts of births and deaths do not readily lend themselves to analysis and comparison between years and various geographic areas because of population differences. These demographic differences include total number, age and sex distributions, and ethnic or racial differentials. In order to assess the health status of a particular population at a specified time, the absolute number of events is converted to a relative number such as probability of living or dying, a rate, a ratio, or an index. This conversion is made by relating the crude number of events to the living population at risk in a particular area at a specified time.

1. Reliability of Rates:

Precautions should always be taken when comparing any rates on vital events,

especially crude rates. Both the size of the numbers and the characteristics of the population are important indicators of a rate's actual value.

All statistics are subject to chance variation. Rates based on an unusually small or large number of events over a specified period of time or for a sparsely populated geographic area should be of particular caution and concern.

For example, in year A there were three infant deaths for an infant mortality rate of 22.7 per 1,000 live births. In year B there were zero infant deaths for a rate of zero. The rate dropped from a very high infant mortality rate of 22.7 to a rate of zero. This is the result of a few infant deaths having enormous implications when applied to a relatively small number of births. Any statement regarding the unusually high infant mortality rate in year A or the incredible decrease in rates between year A and year B could be quite misleading. When small numbers of events or populations are evident in calculating/studying rates, multiple year rates (usually five or ten year summary rates) will often provide a much better framework for the measurement of an outcome. There are many characteristics of a population that can also render a crude rate of little use. Any unique demographic factors such as those related to age, sex, or race are not accounted for in crude rates. Since mortality varies greatly by age, crude death comparisons between the United States and South Dakota could be very misleading. Age-adjusted and specific rates offer a more refined measurement with which to compare vital event experiences over geographic areas or time periods.

ABORTION FORMS

Shown below and on the following pages are the abortion forms physicians

started are required to use under South Dakota Codified Law 34-23A-34 to 34-23A-45.

***Physician's Induced Abortion Reporting Form
Parental Notice
South Dakota Codified Law § 34-23A-39 and 34-23A-7
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536***

SDCL 34-23A-43 (verification purposes)	
Name of Hospital, Clinic or Physician's Office:	Date of Report ____ / ____ / ____
_____	Patient ID Number: _____
Person responsible for the patient who is a minor (check appropriate box): Parent • Guardian/conservator • SDCL §§ 34-23A-7 (introductory paragraph) and 34-23A-7(3)	
Complete questions A or B and question C.	
<p>A. As outlined in SDCL 34-23A-7, notice was provided to: Parent • Guardian/conservator •</p> <p>B. Notice was not provided to parents or guardian/conservator of the minor as outlined in SDCL 34-23A-7 because:</p> <ul style="list-style-type: none">• A medical emergency existed complicating the medical condition of the pregnant female so as to necessitate the immediate abortion to avert her death or to avert the creation of a serious risk of substantial or irreversible impairment of a major bodily function. SDCL §§ 34-23A-7(1) and 34-23A-39(2).• The person who was entitled to notice certified in writing that he/she has been notified. SDCL §§ 34-23A-7(2) and 34-23A-39(2).• The patient was an emancipated minor as defined by SDCL 24-5-24. SDCL §§ 34-23A-7(2) and 34-23A-39(2).• The physician was authorized by the court under SDCL 34-23A-7(3) to perform the induced abortion without parental or guardian/conservator notice. SDCL 34-23A-39(2). <p>C. Minor obtained induced abortion: • Yes • No • Unknown SDCL §§ 34-23A-39(1), 34-23A-39(2), 34-23A-39(3), and 34-23A-39(4).</p>	

REPORT OF INDUCED ABORTION
South Dakota Codified Law §§ 34-23A-35, 34-23A-34, 34-23A-19
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

PLACE OF OCCURRENCE			
Name of Hospital, Clinic or Physician's Office:			Date of Report (Month/Day/Year) ____/____/____
State: _____	County: _____	City: _____	
PATIENT INFORMATION			
Residence: State: _____ County: _____ City: _____			Patient ID Number: _____
Residence Inside City Limits? ? Yes ? No	Zip Code: _____	Age on Last Birthday: _____	
Marital Status: Married? ? Yes ? No	Education (specify only highest grade completed): Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____		
Race: ? White ? American Indian ? Black ? Other (specify): _____			Of Hispanic Origin? ? Yes ? No
PAYMENT INFORMATION			
Payment for this Procedure: ? Private Insurance ? Public Health Plan ? Other (Specify): _____	Insurance Coverage Type: ? Fee-for-service Insurance Co. ? Managed Care Company ? Other (Specify): _____	Fee Collected for Performing or Treating the Induced Abortion: \$ _____	
PREVIOUS PREGNANCIES (complete each section)			
Live Births		Other Terminations	
Now Living ? None Number _____	Now Dead ? None Number _____	Spontaneous ? None Number _____	Previous Induced ? None Number _____
MEDICAL INFORMATION			
Date of Induced Abortion (Month/Day/Year) ____/____/____	Date Last Normal Menses Began (Month/Day/Year) ____/____/____	Patient Received Required Counseling? ? Yes ? No	Presence of Fetal Abnormality? ? Yes ? No ? Unknown
Approximate Gestational Age _____ weeks	Measurement of Fetus _____ ? Unknown (refer to instructions)	Method of Disposal: ? Burial ? Cremation ? Incineration	
MEDICAL PROCEDURES			
Primary Procedure That Terminated Pregnancy (check only one)	Type of Termination Procedure	Any Additional Procedures Used (check all that apply)	
?	Suction	?	
?	Medical/Non-surgical	?	
?	Dilation and Evacuation	?	
?	Intra-Uterine Instillation	?	
?	Sharp Curettage	?	
?	Hysterotomy/Hysterectomy	?	
?	Other (Specify) _____	?	
Type of Anesthetic Used: ? None ? General ? Regional ? Local ? IV Conscious Sedation	Complications from the abortion: ? None 1. _____ 2. _____ 3. _____		
REASON FOR INDUCED ABORTION			
Check all that apply. ? The pregnancy was a result of rape ? The pregnancy was a result of incest ? The mother could not afford the child ? The mother did not desire to have the child ? The mother's emotional health was at risk ? The mother would suffer substantial and irreversible impairment of a major bodily function if the pregnancy continued ? Other, which shall be specified: _____			
PHYSICIAN INFORMATION			
Name of Physician and License Number:	Physician Has Been Subject To: License Revocation ? Yes ? No License Suspension ? Yes ? No Other Professional Sanction ? Yes ? No		
Physician's Specialty: _____			

DOH-PO66 Rev. 9/03

Physician's Induced Abortion Reporting Form
Voluntary and Informed Consent
South Dakota Codified Law § 34-23A-37
(also 45 C.F.R. §§ 164.512(b)(1)(i) and 164.514(e)(3)(i))
South Dakota Department of Health
600 East Capitol Avenue
Pierre, South Dakota 57501-2536

Name of Hospital, Clinic or Physician's Office: _____

Date of Report ____ / ____ / ____

Patient ID Number: _____

SDCL 34-23A-43 (verification purposes)

Complete the appropriate categories regarding informed consent information supplied to female patients. This includes medical information described in SDCL 34-23A-10.1(1), resource information described in SDCL 34-23A-10.1(2), and printed fetal growth and development educational materials described in SDCL 34-23A-10.3.

- Patient was timely provided the **medical** information as described in **SDCL §§ 34-23A-10.1(1) and 34-23A-10.1 (last paragraph)**.
Medical information was provided:
 - during telephone conversation
 - in person (face-to-face)Medical information was provided by:
 - referring physician
 - physician performing induced abortion
- Patient was timely provided the **resource** information as described in **SDCL 34-23A-10.1(2)**.
Resource information was provided:
 - during telephone conversation
 - in person (face-to-face)Resource information was provided by:
 - referring physician
 - agent of referring physician
 - physician performing induced abortion
 - agent of physician performing induced abortion
- Patient was timely offered the printed **fetal growth and development** information as described in **SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c)**.
 - Patient did not accept the fetal growth and development information described in SDCL §§ 34-23A-10.3 and 34-23A-10.1(2)(c).

Patient obtained induced abortion: • Yes • No • Unknown SDCL §§ 34-23A-10.1(1), 34-23A-10.1(2)(c), 34-23A-10.1(3), and 34-23A-10.1(4).

• Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because of a medical emergency which so complicated the medical condition of the pregnant female as to necessitate the immediate abortion of her pregnancy to avert her death, on the basis of the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form DOH-PO66 must be submitted to Department of Health.

• Patient obtained induced abortion. Patient was not provided the medical or resource information described in SDCL §§ 34-23A-10.1 (1) or 34-23A-10.1(2) because a delay would have created a serious risk of substantial and irreversible impairment of a major bodily function, in the physician's good faith clinical judgment. SDCL §§ 34-23A-10.1 (introductory paragraph) and 34-23A-7(1). Report of Induced Abortion Form PO66 must be submitted to Department of Health.

Appendix B

Brown County Long-Term Care

Nursing Facilities:

Avera Mother Joseph Manor, Aberdeen	81 beds
Bethesda Home, Aberdeen	86 beds
ManorCare Health Services, Aberdeen	99 beds
Aberdeen Living Center, Aberdeen	140 beds
Beverly Healthcare, Groton	58 beds

Assisted Living Centers:

Angelhaus Regional Basic Care Center, Aberdeen	16 beds
Bethesda Towne Square, Aberdeen	52 beds
Nano Nagle Village, Aberdeen	45 beds
Prairie Crossings 1514 Meadowbrook Court, Aberdeen	16 beds
Prairie Crossings 1522 Meadowbrook Court, Aberdeen	16 beds
Primrose Place, Aberdeen	28 beds

Residential Living Centers:

Avera Mother Joseph Manor, Aberdeen	8 beds
Davis Court Apartments, Aberdeen	50 beds
Gellhaus Carehaus, Aberdeen	6 beds
Parkside Retirement, Aberdeen	61 beds
Rosewood Court, Groton	18 beds

Codington County

Assisted Living Centers:

Country View ALC, Florence	16 beds
Cedar View Assisted Living, Watertown	16 beds
Evergreen, Watertown	16 beds
Meadow Lakes Assisted Living, Watertown ..	16 beds
Prairie Crossings, Watertown	14 beds
Prairie Crossings, Watertown	16 beds
Stoneybrook Suites, Watertown	53 beds

Lawrence County Long-Term Care

Assisted Living Centers:

Friendship Home, Deadwood	8 beds
Golden Ridge Retirement, Lead	16 beds
Garden Hills Assisted Living, Spearfish	16 beds
Garden Hills Assisted Living 2, Spearfish	15 beds
Ponderosa Assisted Living, Spearfish	16 beds
Sandstone Manor, Spearfish	26 beds
Serenity Corner ALC, Spearfish	16 beds
Tender Care Assisted Living, Spearfish	32 beds
Walker's Assisted Living, Spearfish	8 beds
Castle Rock Home, Whitewood	8 beds

Residential Living Centers:

Kokesh Loving Care, Spearfish	4 beds
Sandstone Manor, Spearfish	6 beds
Tuk-R-Inn, Spearfish	6 beds
Upper Valley Rest Home, Spearfish	5 beds
Sunny Hill Senior Care, Lead	9 beds

Minnehaha County Hospitals

Avera McKennan Hospital, Sioux Falls	429 beds
Sioux Valley Hospital, Sioux Falls	537 beds
Dells Area Hlth Ctr, Dell Rapids	23 beds/8 swing

Specialized Hospitals:

Children's Care Hospital and School, Sioux Falls	114 beds
Select Specialty Hospital, Sioux Falls	24 beds
Sioux Falls Surgical Center, Sioux Falls	13 beds
Heart Hospital of South Dakota, Sioux Falls ..	55 beds

Veterans' Administration:

Royal C. Johnson, Sioux Falls	
-------------------------------	--

Nursing Facilities:

Terrace Manor, Dell Rapids	76 beds
Palisade Manor, Garretson	56 beds
Avera Prince of Peace, Sioux Falls	90 beds
Bethany Lutheran Home, Sioux Falls	108 beds

Beverly Healthcare-

Covington Heights, Sioux Falls	109 beds
Dow-Rummel Village, Sioux Falls	50 beds
Good Samaritan Luther Manor, Sioux Falls ..	114 beds
Good Samaritan Center, Sioux Falls	122 beds
Good Samaritan Village, Sioux Falls	196 beds
Southridge Health Care Center, Sioux Falls	130 beds

Assisted Living Centers:

Bethany Meadows, Brandon	28 beds
Helping Hand Assisted Living, Brandon	52 beds
Colton Assisted Living, Colton	24 beds
Orchard Hill, Dell Rapids	32 beds
Leisure Living, Hartford	10 beds
Avera Prince of Peace, Sioux Falls	36 beds
Edgewood Vista, Sioux Falls	28 beds
Greenleaf Senior Housing, Sioux Falls	36 beds
K-NOPF, Sioux Falls	121 beds
Prairie Crossings, Sioux Falls	16 beds
Prairie Crossings, Sioux Falls	16 beds
Primrose Assisted Living, Sioux Falls	32 beds
Good Sam Village ALC, Sioux Falls	32 beds
The Inn On Westport, Sioux Falls	140 beds
Trail Ridge Retirement Community, Sioux Falls	30 beds
Waterford at all Saints, Sioux Falls	125 beds

Residential Living Centers:

Leisure Living, Hartford	20 beds
Pam's Place, Sioux Falls	4 beds
Dow-Rummel Village, Sioux Falls	82 beds
Laurel Oaks Apartments, Sioux Falls	74 beds
Quinn House, Sioux Falls	4 beds
River View Residential Living, Sioux Falls	16 beds
Trail Ridge Retirement Community, Sioux Falls	112 beds
Waterford At All Saints, Sioux Falls	56 beds
Morning Star Residential Living, Sioux Falls ...	2 beds

Minnehaha County continued

Home Health Agencies:

State Home Care Services, Hartford
 Complete Home Care, Sioux Falls
 Good Samaritan Home Health Outreach, Sioux Falls
 Universal Pediatric Services, Sioux Falls
 Avera McKennan Home Care, Sioux Falls
 Interim HealthCare, Sioux Falls
 State Home Care Services, Sioux Falls
 Visiting Nurses Association, Sioux Falls

Medicare Certified Hospices:

Avera McKenna Hospice, Sioux Falls
 Sioux Valley Hospital Hospice, Sioux Falls

Licensed Inpatient Hospices:

Avera McKennan Hospice, Sioux Falls
 Centennial Hospice Cottage, Sioux Falls
 Foundation Hospice Cottage, Sioux Falls

Pennington County Hospitals

Rapid City Regional Hospital, Rapid City 366 beds

Specialized Hospitals:

Black Hills Rehabilitation Hospital,
 Rapid City 51 beds
 Black Hills Surgery Center, Rapid City 26 beds

Same Day Surgery Center, Rapid City 6 beds
 Indian Health Service Hospital, Rapid City

Nursing Facilities:

Good Samaritan Center, New Underwood 47 beds
 Beverly Healthcare
 Black Hills, Rapid City 70 beds
 Beverly Healthcare
 Meadowbrook, Rapid City 65 beds
 Beverly Healthcare
 Bella Vista, Rapid City 65 beds
 Beverly Healthcare Center, Rapid City 99 beds
 Clarkson Mt. View
 Health Care Facility, Rapid City 52 beds
 Wesleyan Health Care Center, Rapid City 90 beds
 Westhills Village
 Health Care Facility, Rapid City 44 beds

Assisted Living Centers:

Cottages At Fairmont Grand,
 417 E. Fairlane, Rapid City 16 beds
 Fairmont Grand Manor,
 409 E. Fairlane, Rapid City 16 beds
 Fairmont Grand Manor,
 405 E. Fairlane, Rapid City 16 beds
 Cottages At Fairmont Grand,
 413 E. Fairlane, Rapid City 16 beds
 Fox Run Residences, Rapid City 32 beds
 Morning Star LLC, Rapid City 16 beds

Morning Star Assisted Living, Rapid City 16 beds
 Pine Haven Heritage Home, Rapid City 21 beds
 Primrose Assisted Living, Rapid City 11 beds
 The Victorian, Rapid City 48 beds
 The Manor at Echo Ridge, Rapid City 34 beds
 There's A Hart, Rapid City 4 beds
 Fountain Springs Hlth Care, Rapid City 2 beds
 Westhills South Assisted II, Rapid City 16 beds
 Westhills South Assisted, Rapid City 15 beds

Residential Living Centers:

Anderson Retirement Homes, Rapid City 6 beds
 Donna's Manor, Rapid City 2 beds
 Norton Guest Home, Rapid City 14 beds
 Primrose, Rapid City 12 beds
 Sweeney House, Rapid City 14 beds
 There's A Hart, Rapid City 15 beds
 Wisdom in Age-Rimrock, Rapid City 1 beds

Home Health Agencies:

Innovative Home Health Inc., Rapid City
 Interim Health Care, Rapid City
 Rapid City Regional Home Health, Rapid City
 State Home Care Services, Inc., Rapid City
 Westhills Village Home Health Agency, Rapid City

Medicare Certified Hospices:

Hospice of the Hills, Rapid City

References



REFERENCES

1. Martin JA, Hamilton BE, et al. National Vital Statistics Reports, 2003. Births: Final Data for 2002, vol 52, no 10, supp. Hyattsville, Maryland: National Center for Health Statistics. 2003.
2. American Heart Association. Risk Factors and Coronary Heart Disease. www.americanheart.org/presenter.jhtml?identifier=4726. 2004.
3. National Heart, Lung, and Blood Institute. Disease and Conditions Index. Chronic Obstructive Pulmonary Disease. www.nhlbi.nih.gov/health/dci/diseases/copd/copd_WhatIs.html. 2004.
4. American Cancer Society. Cancer Prevention. www.cancer.org/docroot/PED/ped_1.as/ped-1.asp?sitearea+PED+level=1. 2004.
5. National Stroke Association. Stroke Prevention. Risk reduction through lifestyle modification. <http://199.239.30.192/NationalStroke/StrokePrevention/Risk+Reduction+Through+Life+style+Modification.htm>. 2002.